



# Richter Animal Hospital

4601 W. Sublett Rd.  
Arlington, TX 76017  
(817) 478-8000 / Fax: (817) 478-8022

## New Client Information

Date: \_\_\_/\_\_\_/\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Spouse/Secondary Owner: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address (for reminders and updates (i.e. food recall): \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Primary Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_  Cell  Home  Work

Spouse/Secondary Number: ( ) \_\_\_\_\_ - \_\_\_\_\_  Cell  Home  Work

Other Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_  Cell  Home  Work

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

How did you hear about us (who may we thank)?  Referred by: \_\_\_\_\_

Sign/Location  Hospital Website  Google  Yelp  Advertisement

Facebook  Shelter / Humane Society  Other: \_\_\_\_\_

**Payment is due at the time services are rendered.**

**If desired, we will gladly prepare a written treatment plan with associated costs for your review. We accept Cash, Visa, Mastercard, Discover, Amex and Care Credit. Personal checks are only accepted from established clients.**



### New Pet Information

	Pet # 1	Pet # 2	Pet # 3
<b>Patient Name</b>			
<b>Species (Dog/Cat/Other)</b>	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other
<b>Breed</b>			
<b>Sex: M/F</b>	<input type="checkbox"/> M or <input type="checkbox"/> F	<input type="checkbox"/> M or <input type="checkbox"/> F	<input type="checkbox"/> M or <input type="checkbox"/> F
<b>Neutered / Spayed?</b>	<input type="checkbox"/> Y or <input type="checkbox"/> N	<input type="checkbox"/> Y or <input type="checkbox"/> N	<input type="checkbox"/> Y or <input type="checkbox"/> N
<b>Birth Date</b>	___/___/___	___/___/___	___/___/___
<b>Color</b>			
<b>Other Markings</b>			
<b>Weight</b>			
<b>Allergies to Medications</b>			
<b>Date of Last Rabies Vaccine</b>	___/___/___	___/___/___	___/___/___
<b>Is your pet microchipped?</b>	<input type="checkbox"/> Y or <input type="checkbox"/> N	<input type="checkbox"/> Y or <input type="checkbox"/> N	<input type="checkbox"/> Y or <input type="checkbox"/> N
<b>Name of Heartworm and/or Flea Prevention</b>			

Name/Phone # of last Veterinarian/Hospital visited \_\_\_\_\_