



**Richmond Hill Animal Hospital
11 Centre St. W, Richmond Hill,
Ontario L4C 3P3
(905) 884-8477
Dr. Issam Kadri**

Client Information:

Mr. Ms. Mrs. Miss. Dr. Last Name: _____ First Name: _____

Address: _____ Unit: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Fax: _____

Please check the box if you'd like to receive our monthly eNewsletter full of great advice and information.

Pet Information:

Name: _____ Breed: _____ Color: _____

Age/Birthdate: _____ Sex: Male/ Female Spayed/ Neutered

Former Veterinarian: _____

Date of Last Vaccines: _____

I am the owner of the animal(s) mentioned above and have the authority to execute consent. I understand the importance of coordinating my animal's medical treatment and take responsibility for obtaining the medical history from previous veterinarians and transferring them to the Richmond Hill Animal Hospital as soon as possible.

We cannot accept unvaccinated animals into the grooming salon.

Signature: _____

We only accept interact cards, Mastercard, Visa or cash. Payment is required in full when services have been rendered.