



# Veterinary Referral Form

## Client details

Name.....  
Address.....  
.....  
Contact phone number.....  
Email address.....

## Animal details

Name.....  
Species/breed.....  
Age.....  
Primary condition for which acupuncture is being sought.....  
Any other relevant medical history/conditions.....  
.....  
Current medication.....  
*\*\*Please attach medical history\*\**

## Veterinary declaration

I am happy for the above animal to undergo acupuncture treatment and know of no reason why it should be contraindicated (pregnancy, active skin disease, neoplasia, immunocompromise). I agree to update PetTherapy if there are any significant changes to the animal's condition which may make acupuncture inappropriate.

Signed.....Date.....  
Full name/qualifications.....  
Practice address.....  
.....  
Contact email.....  
Contact phone number.....

Please complete the above form and email to [hello@pettherapyacupuncture.co.uk](mailto:hello@pettherapyacupuncture.co.uk) prior to booking confirmation. If you have any queries about this animal's treatment please get in touch.