

Veterinary Referral Form

*Dear Colleague, Your client has requested acupuncture treatment for their pet.
Please could you complete the following form and return to:*

**Abigail Richardson BVSc MRCVS, AR Veterinary Acupuncture,
9 Skipps Meadow, Buntingford, Herts SG9 9FP
*abi@ar-vet.com***

Name of Referring Vet:

Practice name/address/email:

Client's name:

Client's address and telephone:

Animal's name: **M / F / neutered** (please circle)

Breed: Age:

Current medication:

Any history of bleeding disorders: **Y / N** (if yes please give details overleaf)

Presenting problem/ diagnosis (please continue overleaf or attach any relevant history if necessary):

The animal stated above is under my care and I consent to treatment of this animal with acupuncture.

Vet's Signature:

Date: