

Dr Shelagh Tubby, BVMS MRCVS

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Dear Veterinary Surgeon

I have been approached by your client detailed below regarding acupuncture for their pet. Please complete and sign this form to grant your permission for me to carry out Veterinary Acupuncture.

Thank you for your time,

Dr Shelagh Tubby.

Owner's name and address

Current medication(s)

Pet's name

Age

I grant permission for the animal detailed above
to receive Veterinary Acupuncture.

Breed

Sex

Weight

Signed

Current problem

Please give synopsis

Print name

Other medical history

Practice email address

Practice name and address or Practice Stamp.