

**Veterinary Acupuncture Referral/Consent form**

Owner, name

Owner, address

Owner, mobile number

Owner, home phone

Owner, email address

Pet's Name

Breed, Age and Gender

Current problem      Please give synopsis

Other relevant medical history, eg food intolerances, sensory impairments, skin disease

Current medication(s)

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

Signed

Print name

Practice Stamp.