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Veterinary Herbal Medicine and 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

Current medication(s)

For All cases, Please attach the entire medical history, including blood results and referral reports to an email and send to info@vetacupuncture.uk. I will email reports back to you.

I, Veterinary surgeon acting as first opinion vet to the animal detailed above, grant permission for this pet to receive Veterinary Acupuncture and/or Veterinary Herbal Medicine. This may include advice and recommendations about managing chronic pain and other long term conditions.

Signed

Print name

Practice Stamp.

Practice email address