



CLIENTS NAME: \_\_\_\_\_

CLIENT ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ BREED: \_\_\_\_\_

SEX: M  M/N  F  F/S  PRIMARY VET: \_\_\_\_\_

REFERRAL FOR: Educational or Nutrition Consult  Rehabilitation Assessment & Treatment (may include acupuncture)

Acupuncture - for Patients with Systemic Illnesses

VACCINE STATUS: \_\_\_\_\_ UP TO DATE \_\_\_\_\_  
ON RABIES? Y/N

VETERINARY DIAGNOSIS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



acupetvet

veterinary acupuncture + rehabilitation clinic

## CLIENT REFERRAL FORM

HISTORY OF SEIZURES? \_\_\_\_\_

HISTORY OF CANCER? \_\_\_\_\_

FOOD ALLERGIES? \_\_\_\_\_

CURRENT MEDICATIONS OR SUPPLEMENTS PET IS USING:

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REFERRING VETERINARIAN'S SIGNATURE: \_\_\_\_\_

PLEASE PRINT NAME: \_\_\_\_\_

CLINIC NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PET RECORDS: Please email all records to - [info@acupet.net](mailto:info@acupet.net).