



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: _____



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CLIENT REFERRAL FORM

HISTORY OF SEIZURES? _____

HISTORY OF CANCER? _____

FOOD ALLERGIES? _____

CURRENT MEDICATIONS OR SUPPLEMENTS PET IS USING:

REFERRING VETERINARIAN'S SIGNATURE: _____

PLEASE PRINT NAME: _____

CLINIC NAME: _____

DATE: _____

PET RECORDS: Please email all records to - info@acupetvet.net.



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Hi _____

Thank you for your referral of _____. Here is my rehab consult evaluation and treatment plan for _____. Please let me know if you have any questions or concerns.

I will continue to see _____ for _____ and will update you as needed with _____ progress. Let me know if you prefer updates after every appointment.

Have a great week,
Tasha Wilson, DVM, CCRT, cVMA
acupetvet.net