



I am filling this form out as a referring veterinarian or veterinarian office

Please check to confirm

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

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

\_\_\_\_\_

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

Please explain



VACCINE STATUS: \_\_\_\_\_

UP TO DATE ON RABIES? \_\_\_\_\_  
Y/N

DATE OF LAST RABIES VACCINE \_\_\_\_\_

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

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Primary Concern/Problem/Diagnosis/Recent Diagnostics, Surgeries



Other Diagnoses & Comments (including possible contraindications, aggressive tendencies, muzzle, etc)

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Write None if none

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

If YES please explain (when, frequency, medication, etc)

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

If YES, please explain (diagnosis, date, diagnostics)

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

If YES please explain



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# CLIENT REFERRAL FORM

veterinary acupuncture + rehabilitation clinic

CURRENT MEDICATIONS OR SUPPLEMENTS PET IS USING:

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PET RECORDS:

- I am able to upload pet records now at [info@acupetvet.net](mailto:info@acupetvet.net)
- I prefer to email records at a later time

REFERRING  
VETERINARIAN'S  
SIGNATURE:

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NAME OF VET:

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# CLIENT REFERRAL FORM

veterinary acupuncture + rehabilitation clinic

\*\*Veterinarian listed approved this form  
(vet needs to approve-this is needed for referral)

YES  NO

\*\*Person who filled out referral form and title; if other than veterinarian, by signing this form you are confirming that authorized veterinarian has okayed and approved this referral

SIGN: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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

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

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