



**Harper Adams
University**

Veterinary Referral Form - Acupuncture

Please return the completed form to
Elizabeth Gilbert (VN20)
Harper Adams University, Edgmond, Shropshire TF10 8NB

ANIMAL DETAILS

Name	D.O.B / Age
Breed	Sex
Description/Colour	
Insured (Y/N)	Insurance Company

CLIENT DETAILS

Name	Home Phone
Address	Mobile
	Email
	Work Phone
Postcode	Work email

VETERINARY PRACTICE DETAILS

Practice Name	Referring Veterinary Surgeon
Address	Telephone
	Fax
	Email
Postcode	

GENERAL HEALTH DETAILS (if / where applicable)

Weight	General Condition
Respiration / Lungs	Pulse / Heart
Ears	Eyes
Skin/Coat	Temperament
Vaccinations	

CASE HISTORY

(Please fax case notes if available to 01952 814 783. Alternatively, please use the boxes below)

Current problem / reason for referral
Investigations and findings
Pre-existing conditions
Current medication

DECLARATION (Please delete as appropriate)

This animal is a patient under my care and has received a full medical health check and examination, and is in my opinion fit to receive acupuncture treatment. I authorise acupuncture for my patient to be carried out by appropriately trained Veterinary Surgeon(s) at Harper Adams University.

Signed	Date
	Print Name

Practice Stamp

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We will issue vet reports after initial consultation and will keep you updated with any changes over the course of the treatment with a final vet report on discharge. How would you like to receive vet reports?

Email	Post	Fax
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