



Five Elements
Veterinary Acupuncture

Vet Referral Form

Veterinary Details:

Practice Name:

Address:

Telephone Number: Fax Number:

Email Address: Referring Veterinary Surgeon:

Owner's Details:

Name: Address:

..... Postcode:

Home Telephone Number: Mobile:

Email Address:

Animal's Details: Suitability to Treatment

Name: Sex: M / F Neutered: Y / N

Breed: D.O.B:

Colour: Date of last vaccination:

Please state which treatment the pet is being referred for: Acupuncture Laser Therapy
In addition, please attach full clinical history together with any relevant X-Rays, lab results.

Reasons for treatment:

Summary of relevant clinical conditions:

Current Medication:

I certify that the above animal is under my care, and consent to the treatment of this animal.

Vet Signature: **Date:**

Once completed, please email to katie@5elementsvet.co.uk

We will send you reports with details of treatments.

We may contact you prior to the first session to discuss the case in more detail.

Five Elements Veterinary Acupuncture - Katie Giles DVM, MRCVS, CVA
5elementsvet.co.uk ph: 07712 182 089email: katie@5elementsvet.co.uk