

Bourne

Rehabilitation Clinic

Acupuncture

Bourne Veterinary Acupuncture
Chalkpit Farm
Adisham Road
Bekesbourne
Canterbury, Kent
CT4 5EU
01227 832322

Veterinary Referral and Client Registration Form for Acupuncture

Owners Details:

Name:

Address:

Contact Number:

I consent for my animal to undergo rehabilitative acupuncture treatment.

Signature:

Date:

Pet Details:

Name:

DOB:

Breed:

Sex:

Most recent vaccinations:

Behavioural Concerns:

Insurance:

Veterinary Practice - *to be completed by the vet*

Brief Medical History: including current medications

Veterinary Surgeon and Practice Address:

Contact Number:

Owner Declaration

I give permission for the veterinary acupuncturist to prescribe pain relief and/ or anxiolytic medication, where necessary, to allow the acupuncture to be carried out as calmly and safely as possible.

Signature:

Date:

Please attach a medical history and return by email to info@bournevets.co.uk