**Equine Acupuncture Request Form**

# **Your Details:**

Name:

Address:

Contact telephone number:

Email:

# **Referring Vet Details:**

Vet name:

Practice name:

Practice address:

Acupuncture referral form and clinical records attached: Y/N

If no, permission to request referral and clinical history from your vet: Y/N

# **Horse Details:**

Name:

DOB/Age:

Gender: Stallion/Mare/Gelding

Microchip/Passport number:

Is the horse insured? Y/N

Vaccination status:

Date of last veterinary check:

Details of the problem that acupuncture is being requested for:

Details of any ongoing/current treatment (inc medication, dose and frequency):

I consent to Equine Behaviour Vet possessing and storing the information I have provided for the purposes of supplying acupuncture consultation services. This information will be stored securely and will not be shared without consent. Y/N

I consent to Equine Behaviour Vet requesting relevant case history/information from, and returning a report of findings to, my primary care veterinarian. Y/N

Signed:

Printed:

Date:

Thank you for filling in this questionnaire, please return a completed copy to info@equinebehaviourvet.com along with a completed acupuncture vet referral form and a full copy of your horse’s medical history. Please feel free to include any other information, including photographs or videos, that might be helpful.

Following receipt of all completed information I will be in touch to arrange a consultation.