

Dr E Rogers-Smith

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### VETERINARY ACUPUNCTURE CONSENT FORM

This patient has been referred for acupuncture or your client has requested an acupuncture assessment for this patient. Please complete the form below.

Patient Name:

Age:

Sex:

Species:

Breed:

Client Name:

Address:

Tel:

Summary of Clinical Problem:

Vet Name:

Practice Name:

Practice Address:

I consent to the above animal receiving acupuncture treatment. I understand that my practice remains responsible for any routine, emergency or out of hours treatment for this patient in line with the RCVS Under Care Guidelines.

Signed

Date:

Printed

Once completed please return this form, alongside the patient's clinical history via email to [emma@chapelfellvets.com](mailto:emma@chapelfellvets.com)

Thank you for this referral. A full clinical report will be returned to you after treatment.