



acupuncture, pain management and physical rehabilitation for cats and dogs

Dr Kym Shrimpton BVSc CVA  
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## **Client Referral Form**

Please email this completed form to [acupetnz@gmail.com](mailto:acupetnz@gmail.com). Please also attach the clinical history along with lab test and radiography results, and any relevant surgical notes (if for physiotherapy).

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### **Client information**

Title:

Name:

Phone (home):

Phone (work):

Phone (mobile):

Email(required):

Address:

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### **Patient information**

Name:

DOB/age:

Species:

Breed:

Sex:

Desexed:

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### **Referring Veterinarian**

Name:

Phone:

Email(required):

Clinic Address:

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### **Referral information**

**Problem(s) for which animal is being referred:**



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**Surgical procedure and date (if relevant) (please note what surgical referral facility if used):**

**Diagnostic tests/results:**

**Current treatment plan, including medication and responses:**

*Thanks very much for your referral*