

**Sue Devereux BA BVSc MRCVS
Meadow Rise, The Street, Farley, Salisbury, Wilts., SP5 1AB.
Tel/Fax: 01722 712802 Mobile: 07866 431888**

Veterinary Surgeons Consent Form

Date:

To: Please insert all contact details for your vet here i.e. Name, Practice Address, Surgery telephone / mobile phone numbers and their email address.

Your client

has requested that I assess

to see if he/she would benefit from an acupuncture treatment. The first consultation includes a full clinical examination and a report will be sent to you.

Please could you indicate whether you are happy for me to do this either by telephoning or by signing and returning this form via fax. I would be most appreciative if you could also forward any relevant case history.

Thank you

Signature of usual vet:

Date: