**Appointment Request Form**

Please return this form via email ([referrals@activepet.co.uk](mailto:referrals@activepet.co.uk))

or fax it back to 01494 372333 and we will contact the owner directly to arrange an appointment.

Please indicate which service you are referring your client for: Acupuncture only: Y/N Hydrotherapy only: Y/N

Rehabilitation (acupuncture/hydrotherapy/physio etc. as needed): Y/N

Referring Veterinary Surgeon:

Practice Name:

Practice Address:

Practice Telephone: Practice Fax:

Practice Email:

Owner’s Name:

Owner’s Address:

Owner’s Telephone: Mobile:

Email Address:

Pet’s Name: Species:

Breed: Sex: DOB:

Last Vaccination:

Diagnosis and brief clinical history:

Current medication, please include drug, dose and frequency of dosing:

Are there any concerns/contraindications for this patient receiving rehabilitation, acupuncture, hydrotherapy or any medication:

Anything else you would like us to be aware of:

Would you like to discuss this case prior to appointment? Y/N

**Checklist (delete as appropriate):**

**History:**  emailed/faxed with this referral form: Y/N

**Radiographs**: emailed/faxed Y/N, sent in post Y/N, coming with owner Y/N

**Blood Results**: emailed/faxed Y/N