

**WREXHAM**

Daleside Veterinary Group,  
Main Road, Rhosrobin  
Wrexham, LL11 4RL  
**Pets 01978 311 881**  
**Farm 01978 311 444**  
Email [hello@dalesidevets.co.uk](mailto:hello@dalesidevets.co.uk)  
Fax **01978 311 555**

**PENYFFORDD**

Daleside Veterinary Group,  
27 Hawarden Rd,  
Penyffordd,  
CH4 0JD  
**Pets 01244 543 211**  
Email [hello@dalesidevets.co.uk](mailto:hello@dalesidevets.co.uk)

**SHOTTON**

Daleside Veterinary Group,  
97 Chester Rd East, Shotton,  
Deeside, Flintshire,  
CH5 1QB  
**Pets 01244 830 065**  
Email [hello@dalesidevets.co.uk](mailto:hello@dalesidevets.co.uk)  
Fax **01244 814 488**

Dear Colleague,

An enquiry has been made regarding acupuncture treatment for a patient in your care.

I would be grateful if you could complete the following form to confirm that you are happy for me to assess this patient and, if appropriate, provide acupuncture treatment. Please feel free to contact me if you would like to discuss this case further.

I would also very much appreciate if you could send a full clinical history. Please return completed forms and clinical history to [hello@dalesidevets.co.uk](mailto:hello@dalesidevets.co.uk)

Kind regards,

Daleside Vets

**CLIENT NAME**

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Address

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Telephone number

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Email address

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**PATIENT NAME**

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Species/Breed

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Age:

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Summary of  
condition:

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By signing this form I confirm that:

- I am happy for the patient to receive acupuncture treatment (including related therapies such as electroacupuncture, laser acupuncture, manual therapy, acupressure), if appropriate.
- I have attached a full clinical history for the patient.
- I understand that the provision of acupuncture is via a referral service and that no other treatment will be offered, prescribed or provided without prior discussion with me.
- I understand that the patient remains under my/my practice's care and that I/the practice will be still the client's point of contact for any other veterinary concerns or in the event of an emergency.

Signature of  
veterinary surgeon: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_

Email address (for  
continuing  
communication or  
reports: \_\_\_\_\_

