**Appointment request form**

Referring veterinary surgeon:

Practice name:

Practice address:

Tel. no.:

Email :

Client name:

Client address:

Client telephone no.

Client mobile:

Client email address:

Pet’s name:

Species:

Age:

Diagnosis:

Current medication including dose and frequency:

Any questions/concerns regarding this patient being a suitable patient for acupuncture/myotherapy?

I consent to Sarah Bignell-Howse, performing Myotherapy Treatment (soft tissue manipulation, and other massage techniques including Passive Movement Exercises) for soft tissue, specifically muscular conditions, on the above named pet. YES / NO

I consent to Sarah Bignell-Howse using acupuncture if appropriate. YES / NO

Subject to consent, please indicate how you would like to receive the subsequent treatment report

Written report: YES / NO  
E-mail Report YES / NO  
  
If you would like a report emailed to you, then please provide your email address here:

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that by giving consent, I am not responsible for any myotherapy/acupuncture treatment given and the provision of professional indemnity insurance for this is the responsibility of Sarah Bignell-Howse.

I confirm that the animal named above will remain in my care for standard and emergency treatment.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.R.C.V.S. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Veterinary Surgeon)

Please return the above form to:

[sarah@mettapetclinic.co.uk](mailto:sarah@mettapetclinic.co.uk)

**Details of Veterinary Surgeon and registered Galen Myotherapist® Requesting Consent:**

Name: Sarah Bignell-Howse BVetMed, MRCVS, GP Cert (SAM)  
Mob: 07944 902412   
Email: sarah@mettapetclinic.co.uk

RCVS number 6199663

Registered Member of C.A.A.M. Registration number: 270119

Associated British Veterinary Acupuncture member: 37224

Professional Indemnity and Public Liability Insurance Policy Details: Veterinary Defence Society