



Dr. Jo's Pet Wellness and Acupuncture

1341 Wayne Street

Troy, OH 45373

937-667-3217

drjopetvet@gmail.com

drjopetvet.com

Referral Form for Primary Veterinarians

Client: _____ Patient: _____ Date: _____

Client Phone number: _____ Email: _____

Breed: _____ Sex: _____ Age: _____ Weight: _____

Referring Veterinarian/Clinic: _____

Veterinary Phone: _____ Veterinary email: _____

Clinical condition: _____

Date of onset: _____ Current treatment plan: _____

Expectations of treatment and precautions: _____

Treatments recommended:

- Acupuncture
- Therapeutic laser
- Chinese Herbal therapy
- Food therapy

Signature of veterinarian: _____

Please email the completed form and all doctor's notes and diagnostics *related to this issue* to drjopetvet@gmail.com. Thank you!