



Blue Heron Acupuncture

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Franklin, MA 02038
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Blue.Heron.Acup@gmail.com

REGISTRATION FORM

Date: _____
Referring Veterinarian: _____
Veterinary Practice: _____
Phone: _____ Fax: _____ Email: _____

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Client Information:

Name _____
Address _____
Phone (cell) _____ (home) _____ (work) _____
Email _____

Pet Information: Name _____
Age _____
Sex _____
Breed _____

Reasons for Treatment: _____

Recent Health History: _____

Current Medications: _____

I would like to have my email added to the Destination Dog newsletter (circle one) YES NO
I authorize the use of photos taken of my pet for marketing purposes (circle one) YES NO

How did you hear about Blue Heron Acupuncture? _____

By signing below I voluntarily consent to treatment of my pet by Carol Hetherington, LicAc, MAOM, Diplom. I understand that Ms. Hetherington is not a veterinarian and does not provide primary veterinary care. I understand that no guarantee is made regarding results of treatment and that I am free to refuse or stop treatment at any time.

Signature of Client

Printed Name of Client