

Veterinary Referral Form

Connected-Healing, L.L.C.

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Client Name: _____ Equine's Name: _____

Date: _____ Breed: _____ Age: _____

Sex: _____ Weight: _____ Height: _____ Color: _____

Veterinarian/Clinic: _____

Address: _____

City/State/Zip: _____ Phone: _____

Clinical Diagnosis:

Special Instructions/Precautions:

Is the animal on any medication for which we should be aware of?

Practice encompasses Acupressure, Tui-na massage techniques and the use of essential oils. Are there any areas of the animal, specific to this condition, to avoid during acupressure treatments?

In your opinion, is the horse named above in a suitable state of health to undergo acupressure session? YES or NO.