

GENERAL SUPERVISION REQUEST FOR THERAPEUTIC MASSAGE CARE

I, _____, (owner) hereby request authorization for the massage care of patients:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

I understand that massage is considered under the state law to be an alternative (nonstandard) therapy. Further, I request for the massage services to be provided by Krista Doyle under the general supervision of the veterinarian listed below.

Owner _____

I, _____ (supervising veterinarian) in compliance with Rule §573.14 have performed the following tasks:

- Established a valid veterinarian/client/patient relationship;
- Examined the animal(s) to determine that massage will not likely harm the patient;
- Obtained a signed acknowledgement by the patient’s owner (see above) that massage is considered under state law to be an alternative (nonstandard) therapy and this copy has been placed in the animal(s) file.

Therefore, I hereby authorize Krista Doyle to provide massage care as needed for the patient(s) identified above under my general supervision.

Supervising Veterinarian

Date

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Note: Krista Doyle is a Licensed Massage Therapist in the state of Texas (2001) and has over 7 yrs experience in canine massage. Krista can be contacted at 817-896-6300 or Kristadoyle66@gmail.com. Her website is: