



Equine Sports Massage Therapy • Canine Massage Therapy

Veterinary Approval Form

Date: _____

Client Name: _____

Patient Name: _____

I give my approval for the patient above to receive a therapeutic massage.

Veterinarian Name: _____

Veterinarian Signature: _____

Vet Notes (please call if you have any concerns or questions):

A scanned copy of this form can be sent to info@zionstouch.com.

Paulette Courington, ESMT, CMT
Zion's Touch LLC
www.zionstouch.com