Arianne Cox

A Rockin’ C Livestock Wellness

(806) 336-2664

**GENERAL VETERINARY SUPERVISION REQUEST FOR THERAPEUTIC EQUINE MASSAGE CARE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (owner or agent of the owner) hereby request authorization for the massage care of the following patients:

1.) 3.)

2.) 4.)

I understand that massage is considered under Texas state law to be an alternative therapy. I request for massage / redlight services to be provided by Arianne Cox and A Rockin’ C Livestock Wellness under general supervision of the veterinarian listed below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner or agent of owner signature

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (supervising veterinarian) in compliance with Rule 573.14 have performed the following task:

* **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 therapy and this copy has been placed in the animal(s) file.

Therefore, I hereby authorize Arianne Cox with A Rockin’ C Livestock Wellness to provide massage care as needed for the patient(s) identified above under my general supervision.

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Supervising Veterinarian Date

Veterinarian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_