**GENERAL SUPERVISION REQUEST FOR THERAPEUTIC MASSAGE – Heart Hound Massage**

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

1)

2)

3)

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 Laura Riley of Heart Hound Massage under the general supervision of the Veterinarian listed below (Laura can be reached at 727.744.4945/ [laurasriley@gmail.com](mailto:laurasriley@gmail.com))

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Owner

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(supervising Veterinarian) in compliance with Rule 573.14 having 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 acknowledgment by the patient’s owner/ owners (see above) that massage is considered under state law to be alternative (nonstandard) therapies and this copy has been placed in the animal(s) file.

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

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Supervising Veterinarian Date

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

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Comments for practitioner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:** Laura Riley is a certified Canine Massage Practitioner. Training and accreditation by Rocky Mountain School of Acupressure and Massage, which is accredited by the International Association of Animal Massage and Bodywork (IAAMB).