



General Veterinarian Supervision Request for Therapeutic Equine Massage Care

I, _____ (Owner or agent of owner) hereby request authorization for the massage care of the following patients

Horse's Name: _____ Breed: _____ Age: _____
Color/Markings: _____

Horse's Name: _____ Breed: _____ Age: _____
Color/Markings: _____

I understand that massage is considered under the Texas State Law to be an alternative therapy. I request for massage services to be provided by *Christina Rountree ESMT and EquiVive* under the general supervision of the veterinarian listed below.

Owner of agent of owner signature

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.
- Obtain a signed acknowledgement by the patient's owner (see above) that massage is considered under the state law to be an alternative therapy and this copy has been placed in the animal's file.

Therefore, I hereby authorize *Christina Rountree ESMT and EquiVive* to provide massage care as needed for the patient(s) identified above under my general supervision.

Supervising Veterinarian _____ Email: _____

Address _____ Phone: _____

Signature: _____ Date: _____