

I, work for the following patients:	, (owner) h	nereby request authorization o	of massage body
1	·	2	·
Additional Animals			·

I understand that animal massage is considered a complementary therapy under current Texas state law. Further, I request the animal massage services be provided by Andrea Waite, LMT CMFT EMFT, under the general supervision of the veterinarian signed in the section below.

Animal guardian's signature

Date

(For Veterinarians)

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

• Established a valid veterinarian-client-patient relationship

• Examined the animal(s) and determined that massage services are not likely to harm the patient

• Obtained a signed acknowledgement by the patient's owner (see above) that massage is considered a complementary therapy under current Texas state law and placed a signed copy with the animal(s)' file. Thereby, I authorize Andrea Waite, LMT CMFT EMFT, to perform animal massage services on the animal(s) listed above under my general supervision.

Thereby, I authorize Andrea Waite, LMT CMFT EMFT, to perform animal massage services on the animal(s) listed above under my general supervision.

Supervising veterinarian's signature

Date

Address

Email address

Phone number