

GENERAL SUPERVISION REQUEST FOR THERAPEUTIC MASSAGE CARE

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

- | | |
|----|----|
| 1) | 3) |
| 2) | 4) |

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 Martine Kopka under the general supervision of the veterinarian listed below.

Owner

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

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

Supervising Veterinarian

Date

Veterinarian Name: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Note – Martine Kopka has more than 100 hours of training in canine massage and anatomy. Martine can be contacted at (832)444-4398 or texgal8946@hotmail.com