

GENERAL SUPERVISION REQUEST FOR THERAPEUTIC MASSAGE CARE

I, _____ (Owner), hereby request authorization for the massage of the following equines:

1)	4)
2)	5)
3)	6)

(list additional animals on back if needed)

I understand that musculoskeletal manipulation (MSM) is considered under Texas state law to be an alternate therapy. Further, I request for the massage services to be provided by Raileen Murray, dba EquiLastix, under the general supervision of the veterinarian listed below.

Owner

Date

I, _____ (supervising veterinarian), in compliance with Texas Administrative Code §573.14, have performed the following tasks:

- **Established** a valid veterinarian/client/patient relationship;
- **Examined** the animal(s) named above to determine that MSM will not likely harm the patient;
- **Obtained** a signed acknowledgment by the patient's owner (see above) that MSM is considered under Texas law to be an alternate therapy, and this copy has been placed in the patient's permanent record.

Therefore, I hereby authorize Raileen Murray, dba EquiLastix, to provide MSM as needed for the patient(s) identified above under my general supervision.

Name: _____

Clinic: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Supervising Veterinarian

Date