

# GENERAL SUPERVISION REQUEST FOR THERAPEUTIC MASSAGE AND ACUPRESSURE CARE – Dog Oasis

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

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

I understand that massage and acupressure is considered under the state law to be an alternative (nonstandard) therapy. Further, I request for the massage and acupressure services to be provided by Lesli Hill of Dog Oasis under the general supervision of the veterinarian listed below. (Lesli can be reached at 361-571-2488/lesli@leslihill.com)

\_\_\_\_\_  
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 and acupressure will not likely harm the patient;

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

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

\_\_\_\_\_  
Supervising Veterinarian

\_\_\_\_\_  
Date

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

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

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

Fax: \_\_\_\_\_

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

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