

REFERRAL FOR ANIMAL MASSAGE CARE

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

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

I understand that massage, though not specifically addressed by the Texas Administrative Code, could be considered under the state law to be an alternative (nonstandard) therapy. Further, I request for the massage services to be provided by Ken Bain, Licensed Massage Therapist.

Owner

I, _____ (referring Veterinarian) in compliance with Rule §573.12 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 could be considered under state law to be an alternate (nonstandard) therapy and this copy has been placed in the animal(s) file.

Therefore, I hereby authorize Ken Bain, LMT, to provide massage care as needed for the patient(s) identified above.

Referring Veterinarian

Date

Name: _____

Address: _____

Telephone: _____

Fax: _____