

## GENERAL SUPERVISION REQUEST FOR THERAPEUTIC MASSAGE CARE

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

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 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 Stacey Minshall, CCMT 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 Stacey Minshall, CCMT to provide massage care as needed for the patient(s) identified above under my general supervision.

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

\_\_\_\_\_  
Date

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

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

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

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

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

Stacey Minshall is a certified canine massage therapist. She has over 350 hours of training in animal massage. Stacey can be contacted at 843-302-1141 or at [peacefulpawspetmassage@gmail.com](mailto:peacefulpawspetmassage@gmail.com)