**Alexandra Bessell**

**Companion Sports Bodywork and Wellness LLC**

**2211 Naomi St, Houston TX**

**(713) 454-4846/abessell2@gmail.com**

**GENERAL SUPERVISION REQUEST FOR THERAPEUTIC EQUINE MASSAGE CARE**

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

1) 3)

2) 4)

I understand that massage is considered under Texas state law to be an alternative therapy. I request for massage services to be provided by \_Alexandra Bessell and \_\_\_Companion Sports Bodywork and Wellness LLC under the general supervision of the veterinarian listed below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner or agent of owner signature

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 acknowledgement by the patient’s owner (see above) that massage is considered under state law to be an alternative therapy and this copy has been placed in the animal(s) file.

Therefore, I hereby authorize \_Alexandra Bessell*)* and \_\_Companion Sports LLC to provide massage care as needed for the patient(s) identified above under my general supervision.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervising Veterinarian Date

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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