

GENERAL SUPERVISION REQUEST FOR THERAPEUTIC MASSAGE CARE

**Clara Vaughn, CMFT, CEMT, CERT, CECST-
entwinedheartsequin@gmail.com- 505-690-0515**

I, _____, (owner) hereby request authorization for the
massage care of patients (NOTE: please list all your dogs; your vet retains a copy so I cannot add
dogs at a later date): 1. _____ 3. _____
2. _____ 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 Clara Vaughn under the
general supervision of the veterinarian listed below.

(Texas occupations code 801.002. Definitions; (4) General supervision means supervision. Of a
person by a responsible veterinarian who is readily available to communicate (phone,email,
ect.) with person)

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 acknowledgment by the patient's owner (see above) that massage is considered under
state law to be an alternative (nonstandard) therapy and a copy has been placed in the animal's(s') file(s).
Therefore, I hereby authorize Clara Vaughn to provide massage care as needed for the patient(s) identified above
under my general supervision.

!! Supervising Veterinarian signature Date

Veterinarian Name/Practice Name: _____

Address: _____

Telephone: _____ Fax: _____

_____ Email: _____

_____ Note: Clara Vaughn is a certified canine Myo-manipulative Functional

Therapist. She is also a certified in equine massage therapy, a certified equine rehabilitation therapist, certified equine craniosacral therapist,
and certified kinesiology therapist. Clara can be contacted at 505-690-0515 entwinedheartsequine@gmail.com

Address: 9133 Alabama street Joshua, Tx 76058