



VETERINARIAN AUTHORIZATION FOR THERAPEUTIC MASSAGE

Please complete prior to first appointment

CLIENT STATEMENT

I, (Client's Name) _____ hereby request authorization for general veterinary supervision for the therapeutic massage services provided by independent contractor Bradley Winkler, Licensed Massage Therapist and Certified Canine Massage Therapist, for the following animal(s) of which I am legal guardian:

I understand that animal massage therapy (AKA Musculoskeletal Manipulation) is considered an Alternate Therapy under Texas Administrative Code Rule §573.14, to be performed only under direct or general supervision of a licensed veterinarian.

Client's Signature

Date

VETERINARIAN STATEMENT

I, (Veterinarian's Name) _____, Doctor of Veterinary Medicine, in compliance with Texas Administrative Code Rule §573.14, affirm that I have: established a valid veterinarian/client/patient(s) relationship; examined the animal(s) listed above to determine that therapeutic massage therapy (AKA Musculoskeletal Manipulation) will not likely be harmful; and obtained a signed acknowledgement by the owner or other caretaker (above) of the patient that animal massage therapy is considered by Texas law to be an Alternate Therapy.

I therefore authorize, by my signature below, Bradley Winkler, an independent contractor, to perform the Alternate Therapy of Musculoskeletal Manipulation for the animal(s) listed above.

Further, I affirm that my signing of this form is not an acceptance of liability, and that Bradley Winkler retains full responsibility for any effects resulting from massage therapy services provided to the above animal(s).

Veterinarian's Signature

Date

THERAPIST STATEMENT

I, Bradley Winkler, Licensed Massage Therapist and NBCAAM-Certified Canine Massage Therapist, dba Houston Dog Mechanic, agree to indemnify and hold harmless the above-signed Doctor of Veterinary Medicine, along with his/her respective establishment, employees, and agents, from and against any and all damages, claims, and liabilities suffered directly or indirectly arising out of Alternate Therapies provided by me, an independent contractor for the above-signed client.



Therapist's Signature

Date