

**Referral for animal massage and acupressure care.**

I, \_\_\_\_\_, (owner) hereby request authorization for a Veterinary Referral for the massage and acupressure care of patients:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 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 Christina Hardinger, Certified Canine Massage and Acupressure Practitioner and Owner of Skillful Paws LLC.

\_\_\_\_\_  
Owner

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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 and acupressure 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 Christina Hardinger, CCMP-LSAAT, to provide massage and acupressure care as needed for the patient(s) identified above.

\_\_\_\_\_  
Referring Veterinarian

\_\_\_\_\_  
Date

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

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

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