

Veterinary Referral

For Owner to Complete

I, _____ (Print Name) request a referral/approval for massage therapy for the following patient(s) under your care: _____

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 Suzanne Golden, CCMT, HTP.

_____ Owner Signature _____ Date

Veterinary Information

Veterinary Clinic/Hospital _____

Phone/Email: _____

REFERRAL INFORMATION:

I, _____ (supervising veterinarian

in compliance with South Carolina Law, veterinarians may delegate the performance of procedures, therapeutic options and alternative therapies, under certain conditions, including massage and holistic therapy.

As this patient(s) veterinarian I have

~**Established** - a valid veterinarian/client/patient relationship

~**Examined**- the animal(s) to determine that massage will not 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.

Therefore, I hereby authorize, Suzanne Golden to provide massage services as needed for the patient(s) identified above.

_____ Veterinarian Print Name

_____ Veterinarian Signature

_____ Date