VETERINARY REFERRAL & CARE AUTHORIZATION FORM

INSTRUCTIONS FOR HORSE OWNER: Texas law requires a licensed veterinarian to refer or authorize alternate therapies before a non-veterinary practitioner can perform services. Please have your regular veterinarian complete, sign, and return this form directly to **The Gentle Equine Touch, LLC** via email at **Dwayne17409@gmail.com** or phone at **(940) 329-3899** prior to your scheduled session.

1. PATIENT & OWNER INFORMATION

Owner Name: _____ **Phone Number:** _____

Patient (Horse) Name: _____ **Breed / Age / Color:** _____

Stable / Boarding Location:
_____

2. PRACTITIONER INFORMATION

Practitioner Name: Dwayne Johnstone
Business Name: The Gentle Equine Touch, LLC
Credentials: Certified Masterson Method Practitioner (MMCP), Level 3 Certified Biodynamic Craniosacral Therapist (BCST)
Contact Info: (940) 329-3899 | Dwayne17409@gmail.com

3. VETERINARIAN RECOGNITION & AUTHORIZATION

To be completed by a licensed Texas Veterinarian:

I, Dr. _____, a veterinarian licensed to practice in the State of Texas, have an established Veterinarian-Client-Patient Relationship (VCPR) with the animal listed above. I have evaluated this patient and authorize **Dwayne Johnstone / The Gentle Equine Touch, LLC** to provide the following supportive non-chiropractic wellness modalities under general veterinary supervision:

[ ] **Masterson Method:** Non-force, light-touch bodywork and passive motion below the horse's bracing threshold to support natural muscular tension release.

[ ] **Biodynamic Craniosacral Therapy:** Gentle, hands-on, stationary holds intended exclusively for autonomic nervous system regulation, stress reduction, and fluid dynamics support.

Clinical Precautions / Notes / Areas to Avoid:
_____
_____

_____
_____

This authorization is valid for:
[ ] This specific session / acute recovery cycle only.
[ ] A period of one (1) year from the date of signing for ongoing wellness maintenance.

4. VETERINARY LEGAL DISCLAIMER

By signing below, the attending veterinarian acknowledges that:
1. The practitioner listed above is an independent contractor, is **not** an employee of the veterinary clinic, and operates under their own professional liability insurance.
2. The authorized modalities are strictly for wellness maintenance, relaxation, and athletic recovery. They do not constitute veterinary chiropractic adjustments, medical diagnosis, or treatment of clinical pathology.
3. The practitioner is required to immediately halt services and direct the owner back to the attending veterinarian if any new heat, swelling, acute lameness, or clinical distress is observed.

Veterinarian Signature:
_____

Clinic Name: _____

Texas License Number:
_____

Phone Number: _____

Date: _____