



Massage Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877  
360-236-4700

## **Request for Animal Massage Endorsement Training Requirements**

List and submit all documentation of small or large animal massage training you have successfully completed.

In accordance with [RCW 18.108.230](#), a massage therapist licensed under this chapter may apply for an endorsement as a small or large animal massage therapist upon completion of one hundred hours of training.

**The Training Program must include the following** (see [WAC 246-830-435](#)):

- 25 hours of animal massage techniques.
- 25 hours of animal kinesiology.
- 20 hours of animal anatomy and physiology.
- 4 hours of animal first aid which includes knowledge of normal vital signs, identification of emergency or life threatening situations, emergency first-aid application, and legal boundaries of emergency situations.
- 26 hours of proper handling techniques which must include instruction on the ability to control the animal to minimize risk of harm to the animal and the animal massage therapist.

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Washington State Department of  
**HEALTH**  
 Massage Credentialing  
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## Request for Animal Massage Endorsement

<b>Demographic Information</b>			
Name	First	Middle	Last
Birth date (mm/dd/yyyy)		Massage License Number	
Address			
City	State	Zip Code	County
If the address currently on record with the Department of Health is different from the address provided above, would you like your address of record updated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Training</b>			
Select One: <input type="checkbox"/> Small Animal Massage <input type="checkbox"/> Large Animal Massage			
List and submit all documentation of small or large animal massage training you have successfully completed. Attach additional completed pages if you need more space. Training must include 100 hours on either large or small animal massage as outlined in <a href="#">WAC 246-830-435</a> .			
Name of training and provider	Number of hours	Attendance	
		From (mm/dd/yyyy)	To (mm/dd/yyyy)

I, \_\_\_\_\_, declare under penalty of perjury under that laws of the state of Washington that the foregoing is true and correct. I understand that the Department may request additional information, if it is needed, to evaluate the application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_