



## Employer Agreement Letter

I understand that \_\_\_\_\_ (a licensed Veterinary Technician/ Physical Therapist Assistant) is applying to the Certified Canine Rehabilitation Assistant (CCRA) program at the Canine Rehabilitation Institute.

I understand that in order for this Veterinary Technician/Physical Therapist Assistant to enroll, he/she must work for a practice where there is a Veterinarian or Physical Therapist who is either certified in canine rehabilitation or is registered for Introduction to Canine Rehabilitation.

I also understand that in order for this Veterinary Technician/Physical Therapist Assistant to be certified, he/she must be employed by a practice where there is a Veterinarian/Physical Therapist certified in canine rehabilitation.

Our practice \_\_\_\_\_, employs  
\_\_\_\_\_ (name, title and license #),  
who was certified in canine rehabilitation by \_\_\_\_\_ (program) on \_\_\_\_\_ (date).

**or**

\_\_\_\_\_ a Veterinarian/Physical Therapist  
from our practice, has registered for Introduction to Canine Rehabilitation.

We agree to follow all applicable state or provincial veterinary and physical therapy practice acts in our practice of canine rehabilitation.

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Veterinary Technician/Physical Therapist Assistant Signature

\_\_\_\_\_  
Date

**Please scan this form and email to [info@caninerehabinstitute.com](mailto:info@caninerehabinstitute.com) or fax to 888-651-0760.  
DO NOT MAIL.**