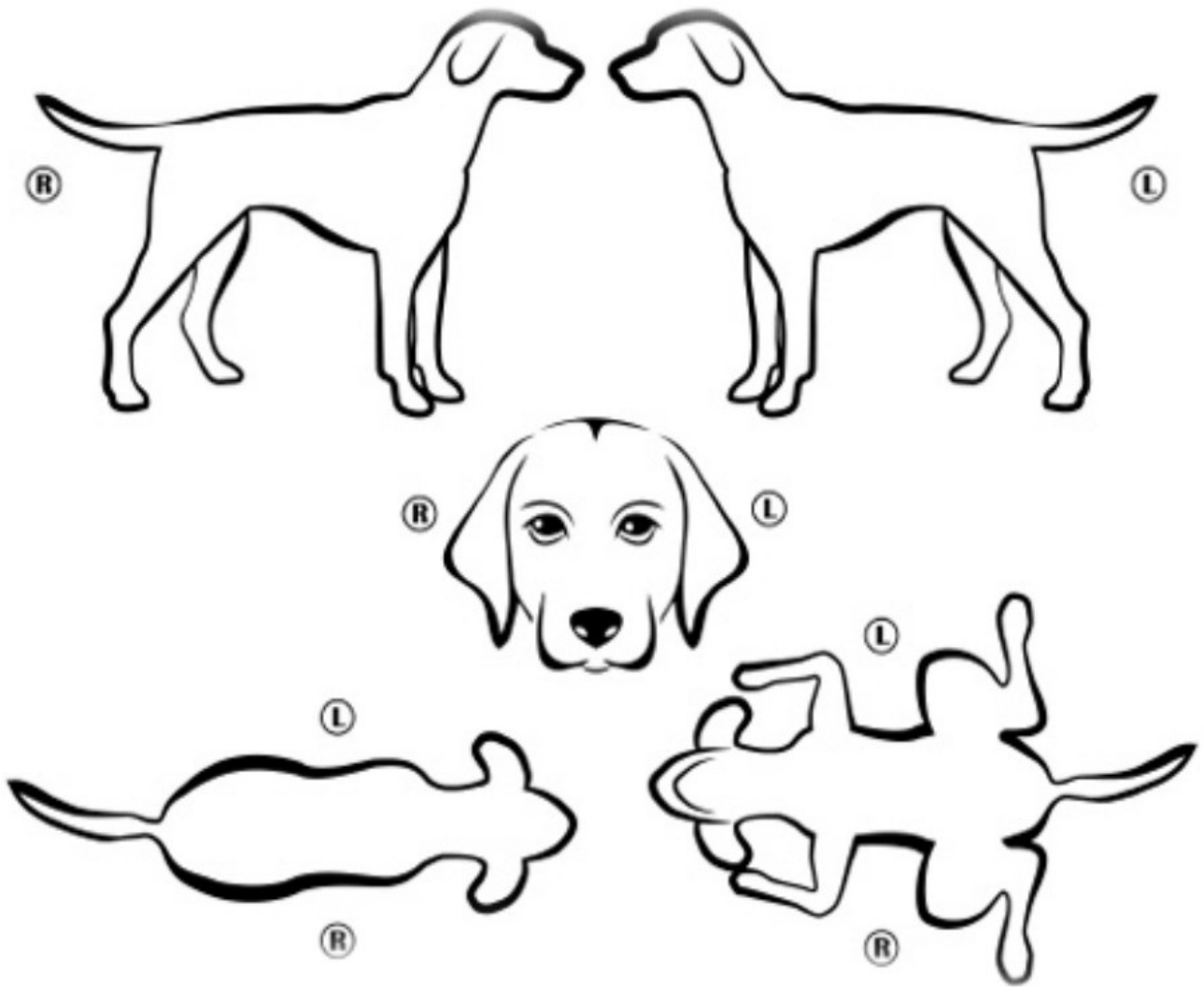


Canine Body Map

Client _____ Patient _____ Date _____



Notes _____

