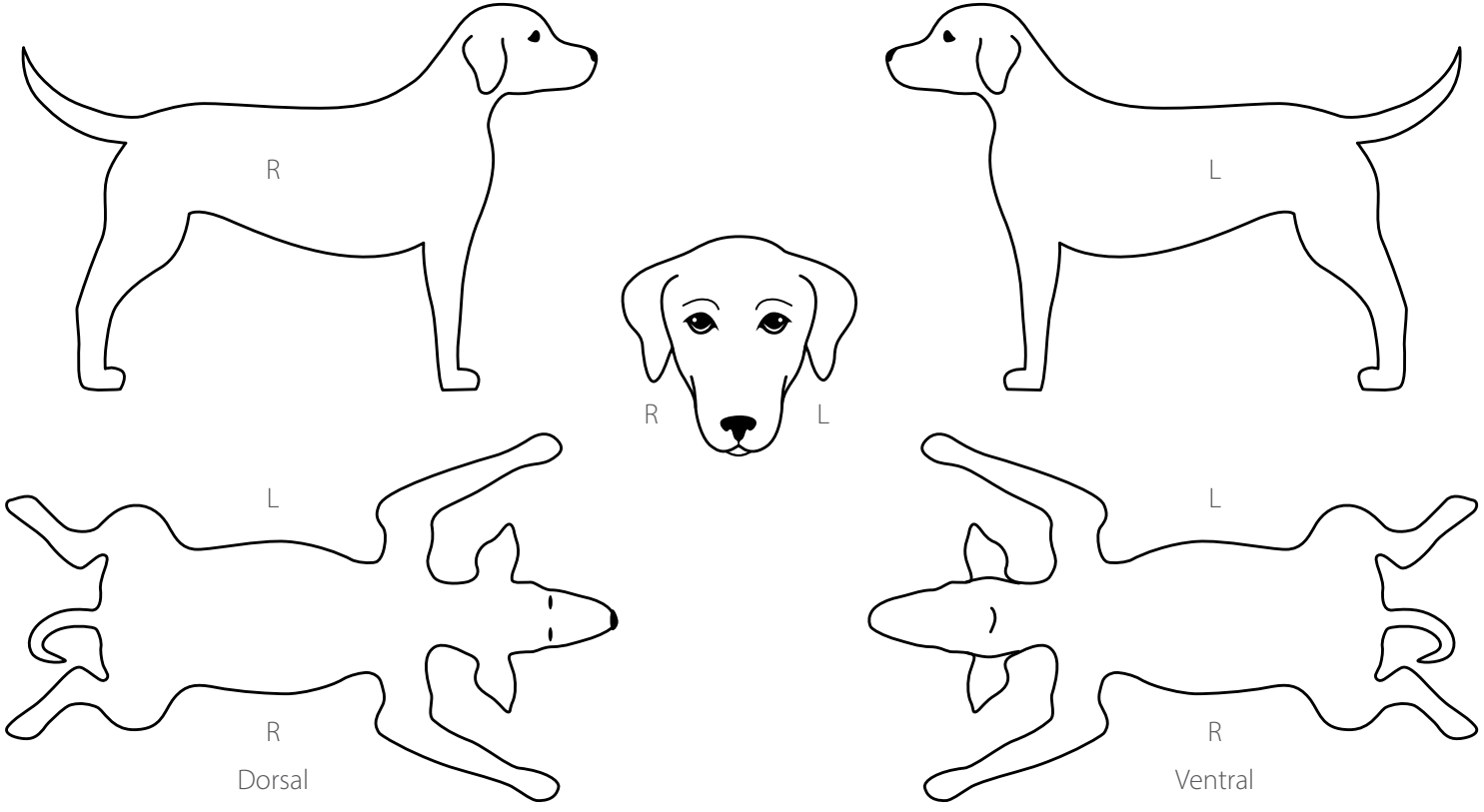


_____ Date

_____ Patient Name



Canine Body Map

#	Description (size, appearance, etc.)