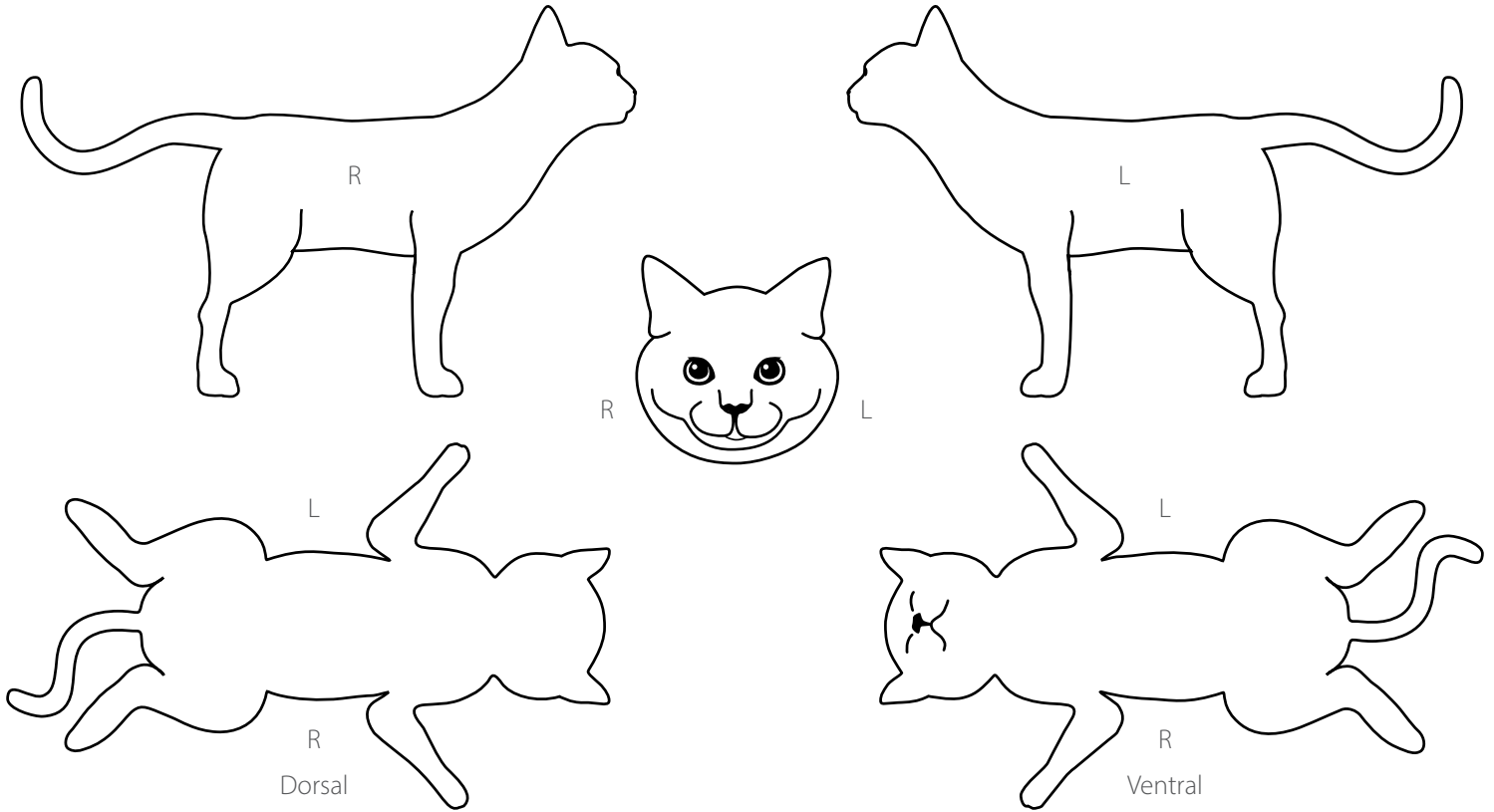


Date _____

Patient Name _____



Feline Body Map

#	Description (size, appearance, etc.)