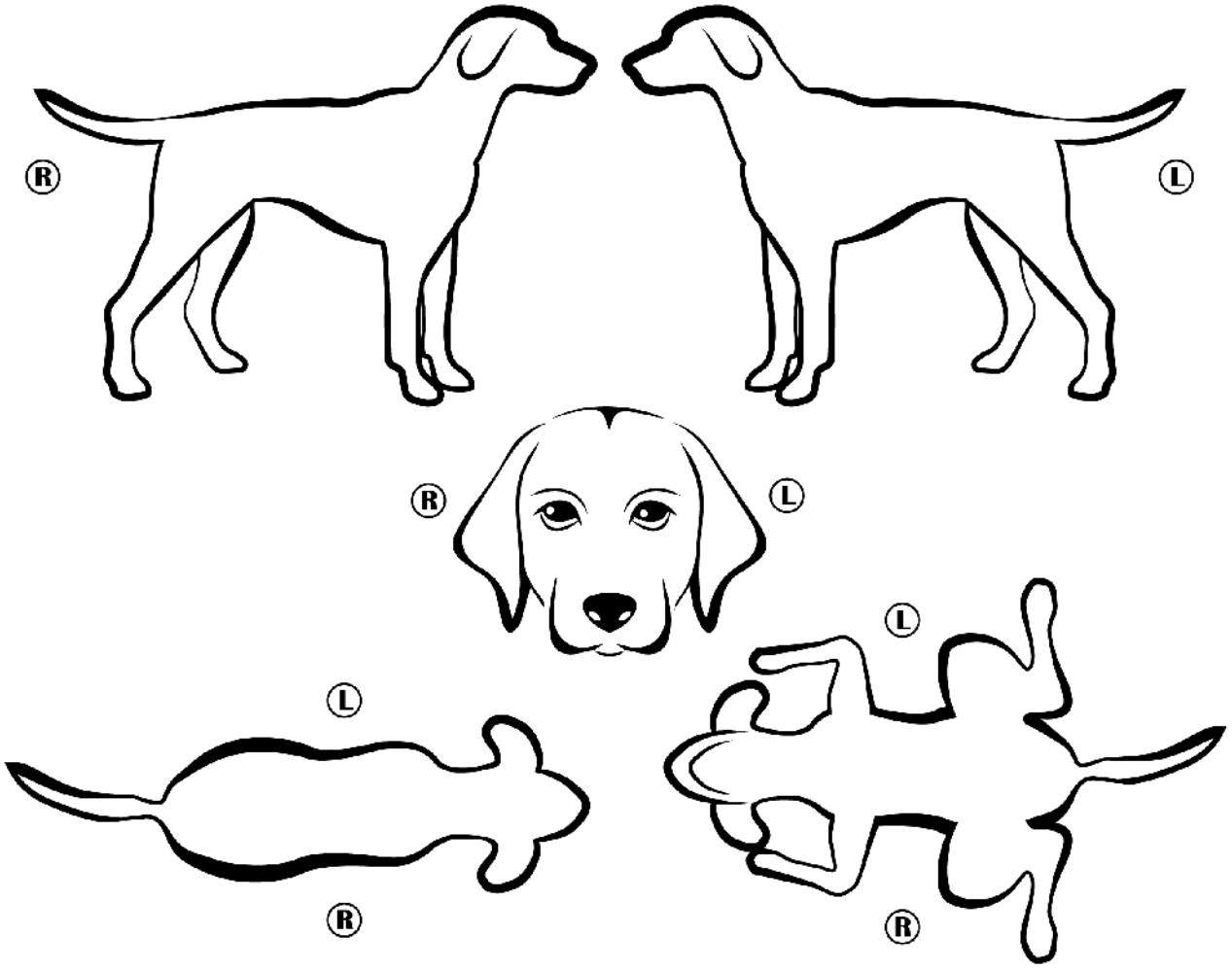
Patient Name _____ Last Name _____ Date _____

Canine body map



#	Date	Size	Description/Appearance