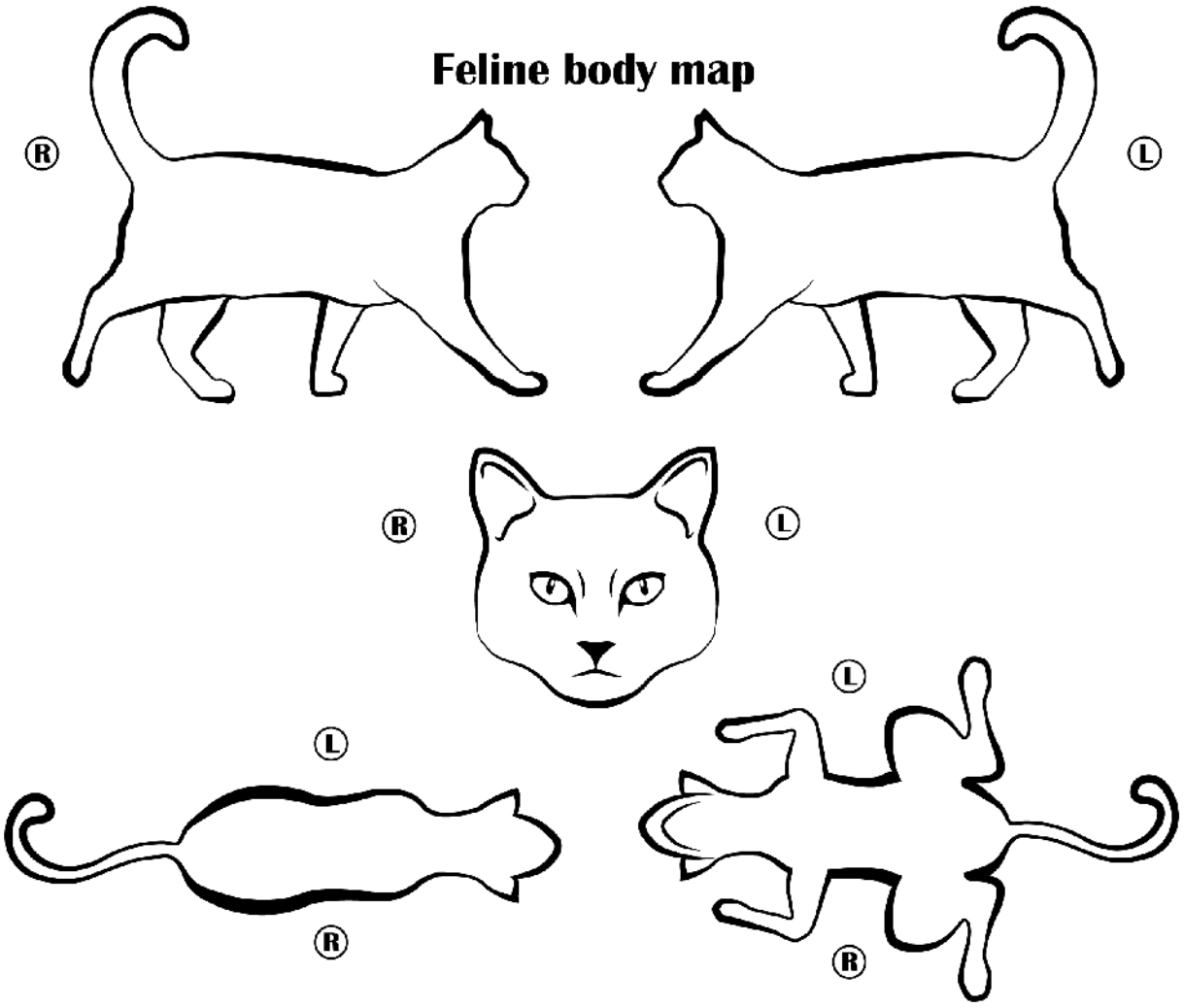
Patient Name _____ Last Name _____ Date _____

Feline body map



#	Date	Size	Description/Appearance