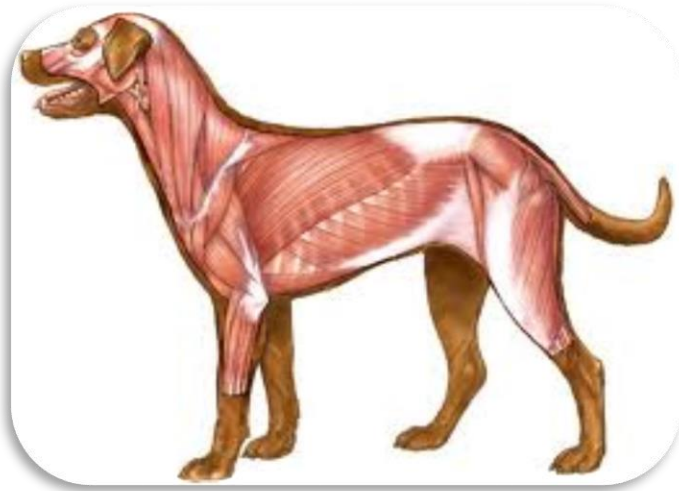
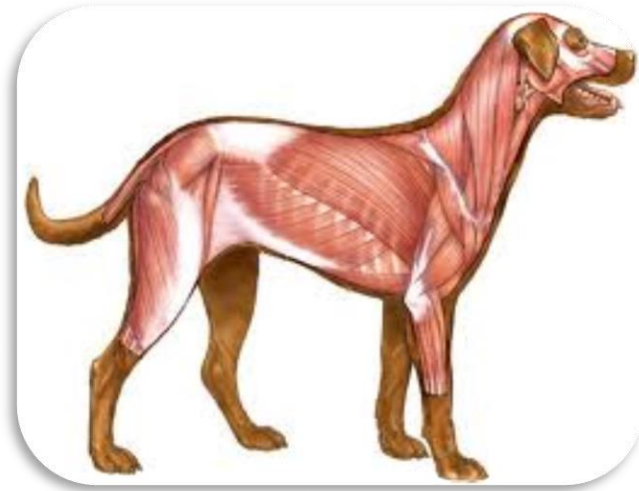


Left Side



Right Side



Names: _____ Contact: _____ Session # ____ Date: _____

My Notes:

Family's Comments:

Treatment:

Legend:

T= tension	S= sensitivity	A= atrophy	L= lameness	W= weakness
R= rotation	X = subluxation	H = hotspots/sores		