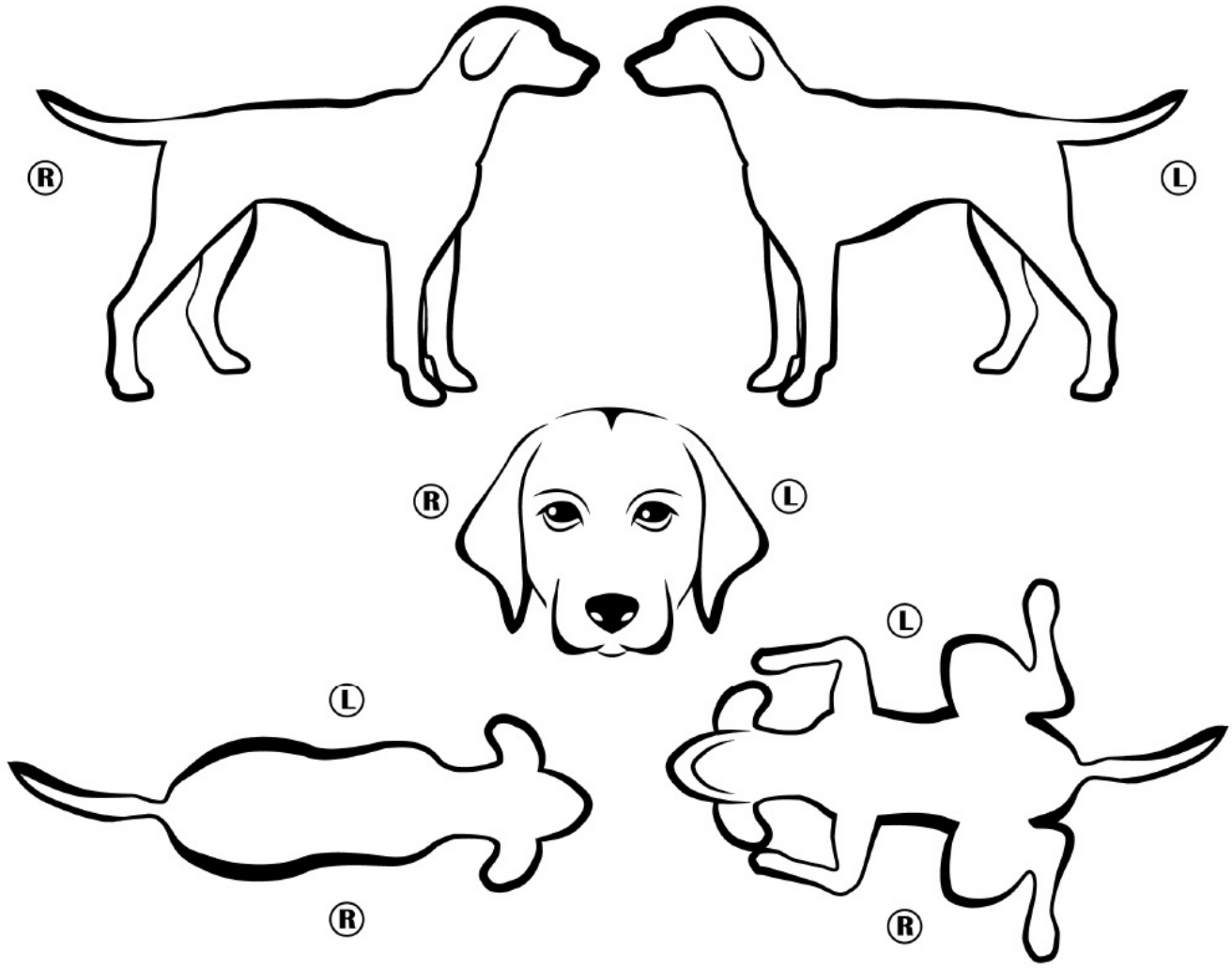
Patient Name _____ Last Name _____ Date _____

Canine body map



#	Date	Size	Description/Appearance

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