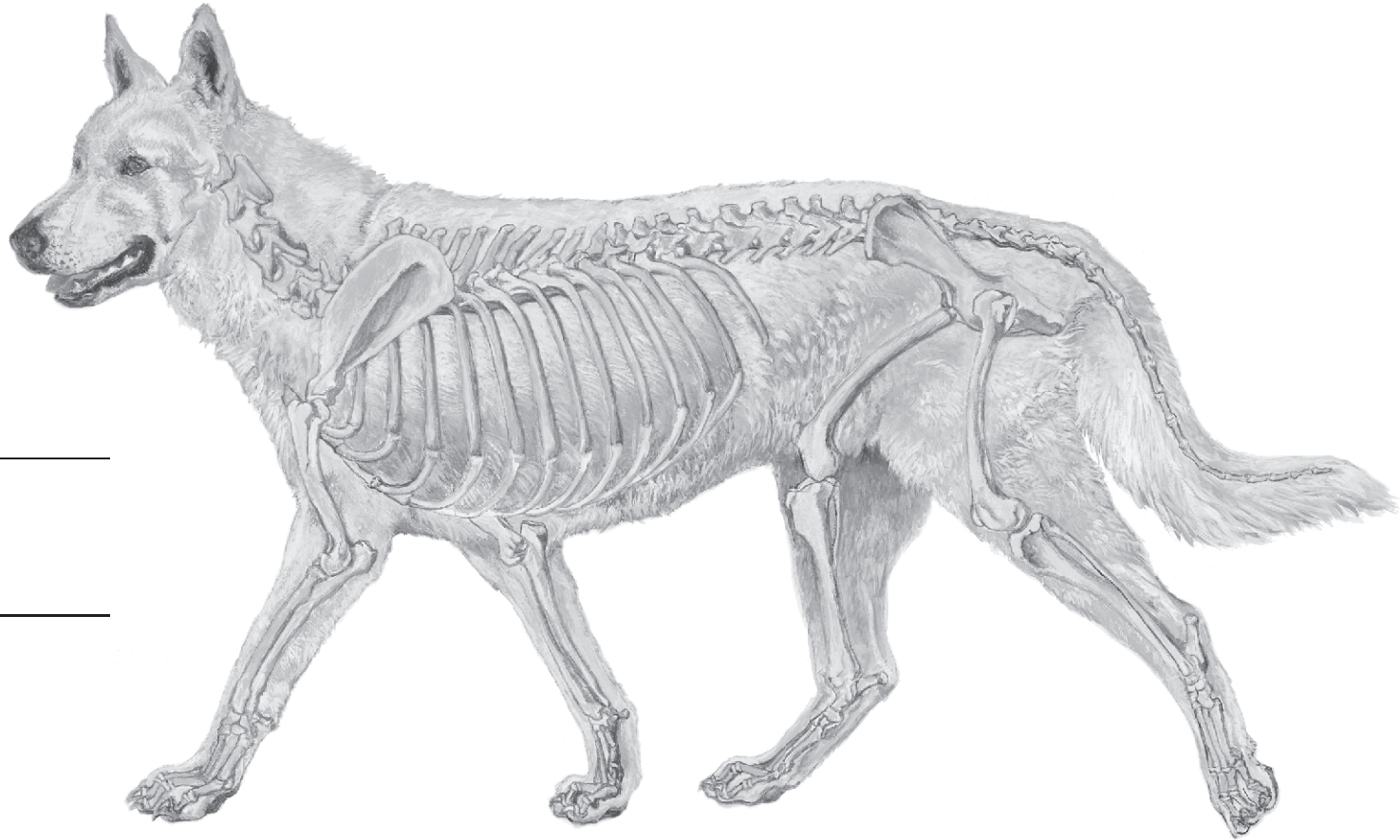


ACUPRESSURE SESSION

Practitioner: _____

Date: _____



Client Name _____

Dog Name _____

LATERAL

MEDIAL

MEDIAL

LATERAL

Issues Discussed:

Acupoints Selected for Session:

Recommendations:

Acupoints for Guardian Follow-Up:
(See Above)
