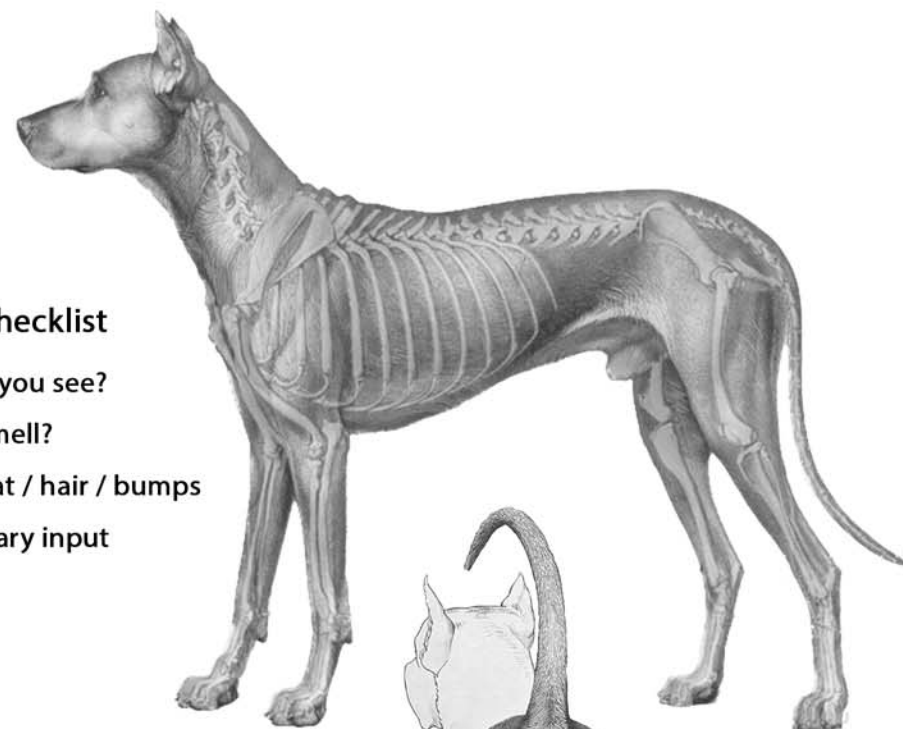
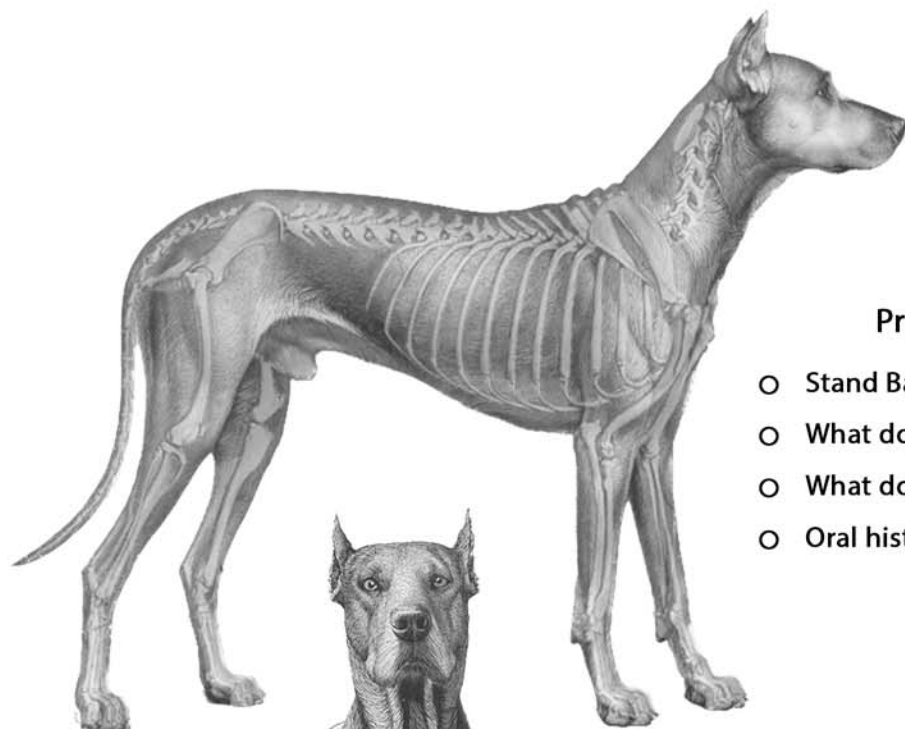
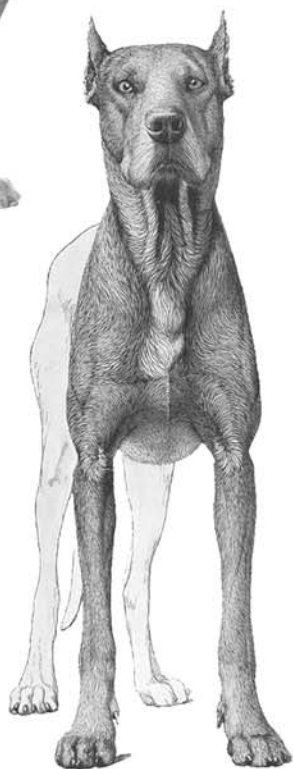


Owner: _____ Dog: _____ Date: _____



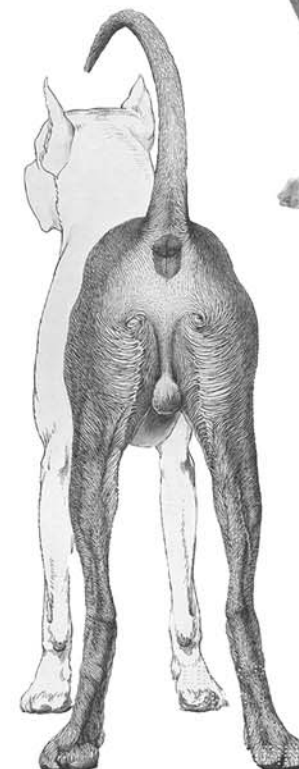
Pre-Session Checklist

- ☐ Stand Back - what do you see?
- ☐ What do you hear / smell?
- ☐ What do you feel? heat / hair / bumps
- ☐ Oral history & Veterinary input



Basic Evaluation

- ☐ Cervical groove
- ☐ Neck range of motion
- ☐ Front leg range of motion
- ☐ Front leg joints
- ☐ Spinal straightness
- ☐ Sacral / Hip balance
- ☐ Hind leg range of motion
- ☐ Hind leg joints



Dog's Age:

Breed:

Gender: B D

Reported Condition:

Evaluation Findings:

Response to Lights:

Suggested Follow Up: