Animal Normalization Therapy Certification

Eugene, Oregon

December 7-10, 2017

EXPLANATION OF TERMS

Owner's Name: _____ Dog's Name: _____ M F Age: ___

Diagnosis: _____ Referred By: _____

Spayed/Neutered? _____ Chief Complaint: _____

_____

_____

_____

History:_____

_____

_____

Current/Previous Treatment:_____

_____

_____

Current Medications/Supplements:_____

_____

_____

X-rays/Tests:_____

_____

Neurological Sx:_____*What are the symptoms?*_____

_____

Diet:_____

Allergies:_____

_____

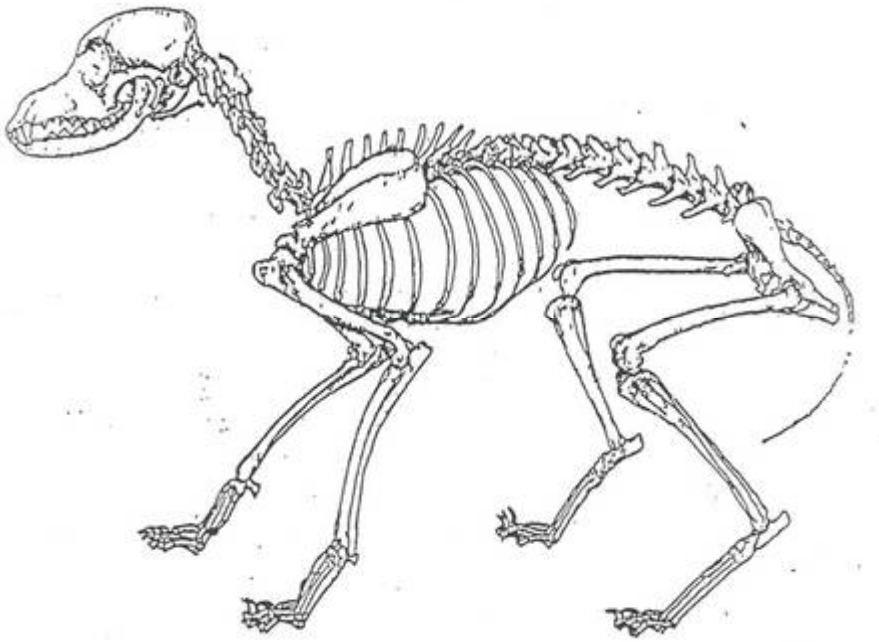
ANS/Organs:_____*Organs identified in your examination that need help* _____

_____

Canine Name: _____

Owner: _____

Date: _____



Dx:_____*What is the diagnosis?* _____

_____

_____

_____

Tx:_____ *What was your treatment?* _____

_____

_____

_____

A/P:_____ *What was the outcome of your treatment for this appointment?* _____

_____

_____

Plan:_____ *What do you plan to do? How many revisits? How far apart?* _____

_____

IT WOULD BE WONDERFUL TO SEND IN A PICTURE OF YOUR ANIMAL. A .JPG SENT TO KAREN