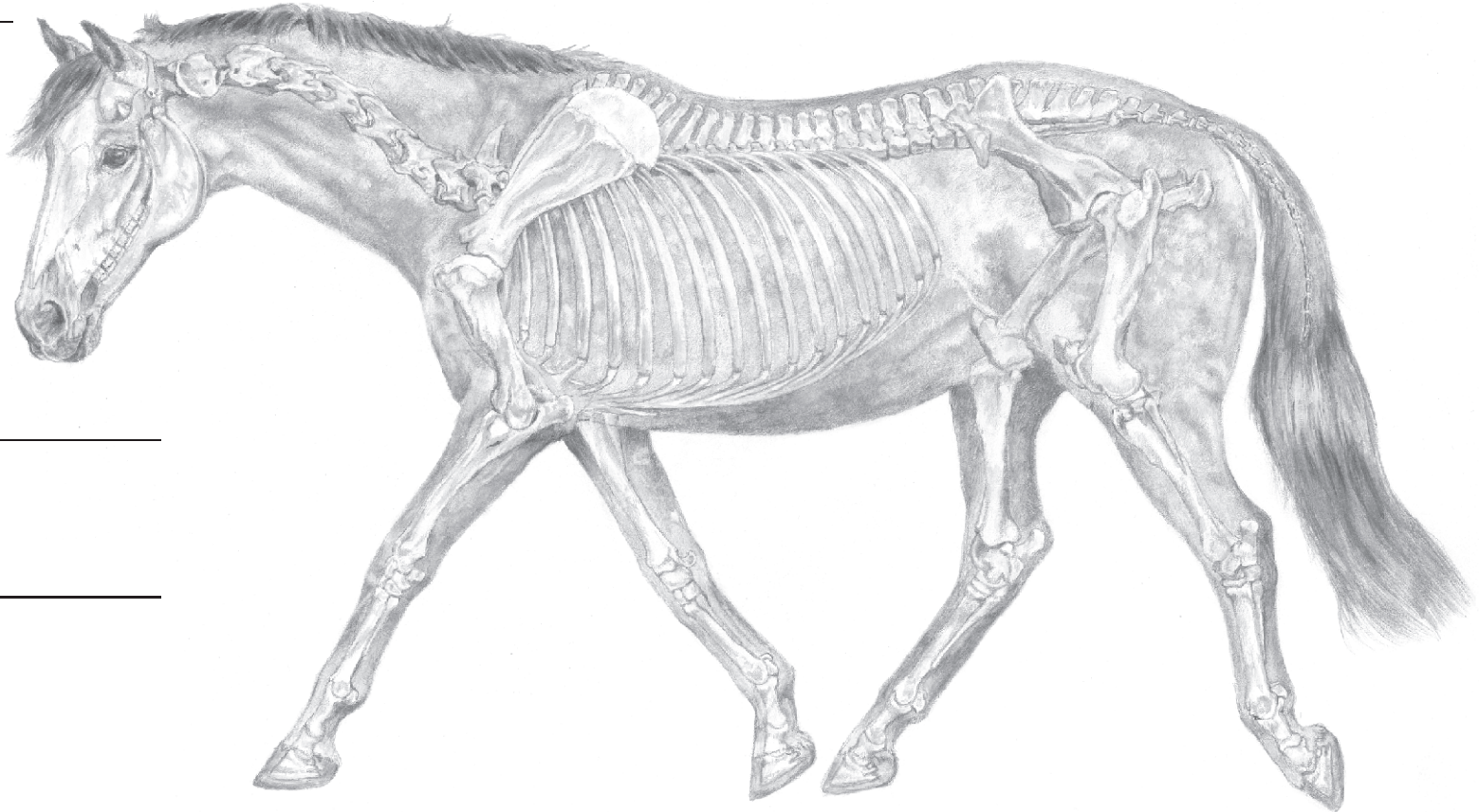


# ACUPRESSURE SESSION

Practitioner: \_\_\_\_\_

Date: \_\_\_\_\_



Client Name \_\_\_\_\_

Horse Name \_\_\_\_\_

LATERAL

MEDIAL MEDIAL

LATERAL

Issues Discussed:

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Acupoints Selected for Session:

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Recommendations:

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Acupoints for Guardian Follow-Up:  
(See Above)

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