



Healing Touch for Animals® Large Animal Class

Date: _____

Course Location: _____

Facility _____

Manager/Owner Name _____

Phone _____

Horse Name _____

Gender _____

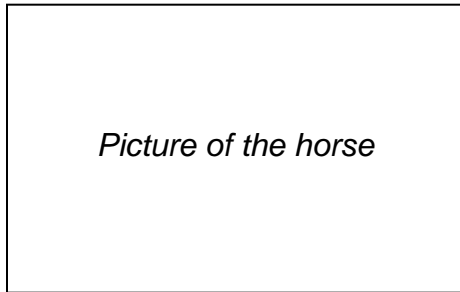
Age _____

Height _____

Breed _____

Color _____

Job/Purpose



Pre-existing conditions



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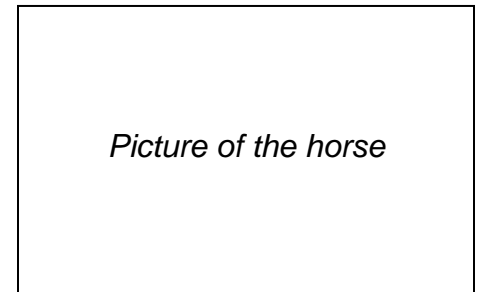
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