

Lab Animal Procedures

Owner/Agent Instructions:

Please complete Part I found on the TCVM Intake form (opposite this page) prior to the day of the scheduled lab, along with current Coggins papers for every horse that is scheduled. A copy of the Coggins paper will be kept on file, so these will only need to be submitted initially, and again each time it expires. Both of these documents may be submitted via fax, email or in person using the contact information listed at the top of this page.

In order to guarantee the safety of all animals and people, please note that when you are able, we ask that you are available at the labs to handle your horse. If a horse does not have current Coggins papers, they will not be permitted on the premises.

Upon arrival to the Chi Institute at your scheduled time, please check in with the Student Administrator, who will assign you and your horse to a lab group for the day. We will provide the respective Lab Instructor with the TCVM Intake form of which you completed Part I. They will complete Part II during the lab session and will then give the form back to you at the end of the lab. You will then bring the TCVM Intake form to the Jing Tang front office where a staff member will complete Part III and fill your free herbal prescription.

Equine clients can receive one herbal formula or product not to exceed a value of \$100. Refills and additional prescribed herbs are available for purchase from the Jing Tang Herbal office. Unless otherwise noted, one refill will be available for purchase. If follow-up visits are recommended, please contact us by email or phone for available lab time slots or visit www.tcvm.com to find a veterinarian in your area!

TA Instructions:

Upon arrival of your assigned horse, you will be provided with the TCVM Intake form (opposite this page) with Part I already completed by the owner/agent. Please be sure to review and discuss this information with your students. During the lab, please complete Part II's "TCVM Exam" section detailing any symptoms present. After treatment has been performed please complete Part II's "Treatment" section.

Equine clients can receive one herbal formula or product not to exceed a value of \$100. Please complete (in full) Part II's "Prescription" section following the lab and give the TCVM Intake form to the owner/agent so that they may fill their prescription in the Jing Tang front office. Unless otherwise noted, one refill will be available for purchase.

When they are able, the owner/agent will be available at the lab to handle the horse. When they are not present, please ensure that the horse is handled by a Chi staff member. If a horse does not have current Coggins papers, they will not be permitted on the premises.

TCVM Intake Form for Owners/Agents and Doctors

PART I: Completed by Owner or Agent

Animal Specie: <input type="checkbox"/> Horse <input type="checkbox"/> Mule <input type="checkbox"/> Other _____		Animal Name:	Animal Breed:	Animal Age:
Owner/Agent Name:	Owner/Agent Phone #:	Owner/Agent Email:	Today's Date:	Date of Scheduled Lab:

*Has your horse ever shown aggression toward: Other Animals People **If either, please explain:**

*Are your horse's Coggins papers up-to-date? Yes No

Main Complaint(s):	Medical History:
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PART II: Completed by Veterinarian/Lab Instructor

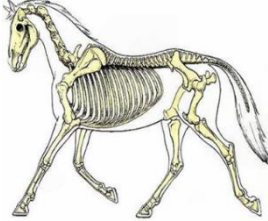
TCVM Exam

Name of Lab Instructor:	Lab Group #:
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Body Condition:	Constitution:
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Back Temp.:	Ear Temp.:	Tongue Color:	Tongue Moisture/Coating:
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Pulses: Left Right General _____ _____ 3 Locations _____ _____ _____ _____ _____ _____	Other Findings:
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Body Scan: Left Right _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
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Treatment

TCVM Diagnosis	Acupuncture:
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Prescription

Herbal Formula 1:	Size: <u>Powder:</u> <u>Conc. Powder:</u> <u>Salve:</u> <input type="checkbox"/> 200g <input type="checkbox"/> 90g <input type="checkbox"/> 4oz <input type="checkbox"/> 600g <input type="checkbox"/> 180g	Dosage/Instructions:	Refills: <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other _____
Herbal Formula 2:	Size: <u>Powder:</u> <u>Conc. Powder:</u> <u>Salve:</u> <input type="checkbox"/> 200g <input type="checkbox"/> 90g <input type="checkbox"/> 4oz <input type="checkbox"/> 600g <input type="checkbox"/> 180g	Dosage/Instructions:	Refills: <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other _____

Prescribed By (Signature): Dr. _____	Date:
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PART III: Office Use Only

Class Code:	Invoice #:	Jing-Tang Staff Signature:	Chi Staff Signature:
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