

Lab Rules and Instructions

Lab Rules and Procedures:

In order to guarantee the safety of all animals, guests, students and staff, any pet without proof of a current rabies vaccination will not be permitted on the premises. Additionally, no aggressive breeds will be scheduled for labs unless the dog has been properly trained by an accredited program. Muzzles are not required, but are appreciated. All dogs should be on leash and attended at all times, either by owners, TAs, students or staff. Several staff members will act as lab security escorts to monitor and help attend to the dogs before, during, and after the lab sessions and breaks before and after each dog is passed to the owner's hands. Our staff will control the traffic, guide the safe route, and remind all nearby dogs to be properly leashed and attended when other dogs enter and leave the rooms. Please see one of these staff members with any questions or concerns.

Animal Caregiver and Owner Instructions:

Please complete Part I found on the TCVM Intake Form (opposite this page) prior to the day of the scheduled lab, along with proof of a current rabies vaccination for each pet that is scheduled. Proof of a rabies vaccination 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.

Upon arrival to the Chi Institute at your scheduled time, please check in with the Student Administrator, who will assign you and your pet 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.

Small animal caregivers or owners can receive up to two free herbal formulas or products 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, contact us by email or phone for available lab times or visit www.tcvm.com to find a veterinarian in your area.

TA Instructions:

Upon arrival of your assigned lab animal, you will be provided with the TCVM Intake Form (opposite this page) with Part I already completed by the animal caregiver or owner. 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.

Small animal caregivers or owners can receive up to two free herbal formulas or products 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 animal caregiver or owner so that they may fill their prescription in the Jing Tang front office. Unless otherwise noted, one refill will be available for purchase.

TCVM Intake Form for Caregivers and Doctors

PART I: Completed by Animal Caregiver (Owner)

Animal Specie: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Greyhound Group <input type="checkbox"/> Other _____	Animal Name:	Animal Breed:	Animal Age:	Animal Weight:	
Caregiver Name:	Caregiver Phone #:	Caregiver Email:	Today's Date:	Date of Scheduled Lab:	
*Has your animal ever shown aggression toward: <input type="checkbox"/> Other Animals <input type="checkbox"/> People		If yes to either, please explain:			
*When was your pet's most recent rabies shots? <i>(If more than 3 yrs, a titer test result is required)</i> <input type="checkbox"/> Less than 3 years ago <input type="checkbox"/> More than 3 years ago					
Medical History:	Symptoms:	Normal	Increased	Decreased	Other
Main Complaint(s):	Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Activity Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Temp. Preference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Food Intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Water Intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Urination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stiffness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	

PART II: Completed by Veterinarian/Lab Instructor

TCVM Exam

Name of Lab Instructor:		Lab Group #:	
Tongue:	Pulse:	Sensitive Points on Palpation:	
Shen: <input type="checkbox"/> WNL <i>Explanation:</i> _____ <input type="checkbox"/> Disturbed _____ <input type="checkbox"/> Poor	Coat: <input type="checkbox"/> WNL <input type="checkbox"/> Dandruff <input type="checkbox"/> Alopecia <input type="checkbox"/> Moist <input type="checkbox"/> Dry	Paws: <input type="checkbox"/> WNL <input type="checkbox"/> Pustule <input type="checkbox"/> Dry <input type="checkbox"/> Cracked <input type="checkbox"/> Warm <input type="checkbox"/> Moist <input type="checkbox"/> Cold	
Ears: <input type="checkbox"/> WNL <input type="checkbox"/> Itching <input type="checkbox"/> Warm <input type="checkbox"/> Discharge <input type="checkbox"/> Cold <input type="checkbox"/> Malodorous <input type="checkbox"/> Pustule	Eyes: <input type="checkbox"/> WNL <input type="checkbox"/> Yellow <input type="checkbox"/> Pale <input type="checkbox"/> Swollen <input type="checkbox"/> Red <input type="checkbox"/> Itching <input type="checkbox"/> Discharge	Gums/Lips: <input type="checkbox"/> WNL <input type="checkbox"/> Ulcers <input type="checkbox"/> Pale <input type="checkbox"/> Swollen <input type="checkbox"/> Red <input type="checkbox"/> Bloody <input type="checkbox"/> Malodorous	
Nose: <input type="checkbox"/> WNL <input type="checkbox"/> Depigmentation <input type="checkbox"/> Wet <input type="checkbox"/> Bloody <input type="checkbox"/> Hot <input type="checkbox"/> Dry <input type="checkbox"/> Discharge <input type="checkbox"/> Cold <input type="checkbox"/> Malodorous	Other/Notes: <div style="text-align: center; font-size: 2em; opacity: 0.5;">Chi Institute</div>		

Treatment

TCVM Diagnosis:	Acupuncture:
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Prescription

Herbal Formula:	Refills: <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other _____
Product: <u>Capsule:</u> <input type="checkbox"/> 100-0.2g <input type="checkbox"/> 200-0.5g <input type="checkbox"/> Concentrated 50-0.2g/0.25g <input type="checkbox"/> Concentrated 100-0.5g	<u>Teapill:</u> <input type="checkbox"/> 200-0.18g
<u>Powder:</u> <input type="checkbox"/> 200g <input type="checkbox"/> 600g	<u>Salve:</u> <input type="checkbox"/> 4oz
Dosage/Instructions:	
Prescribed By:	Today's Date:
Dr. _____ <i>(Signature)</i>	

PART III: Office Use Only

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