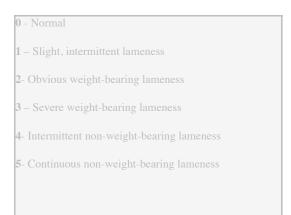
Lameness Scale

 Patient Name:



Date	Pain Rating	Rater Initials