



International Association  
of TheraPlate Specialists

## CASE STUDY COLLECTION FORM

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Name:

Business Name:

Date:

Client/Horse Name:

Client Approval for Sharing:

Case Name:

Injury/Issue:

Lameness Score:

Swelling Measurements:

Wound Sizes:

Time Frame of Case:

Protocol Used:

Frequency of Sessions:  Daily  Weekly  Bi Weekly  Other

(please detail)

Vet Approved:  Yes  No

Vet Referred to Therapist:  Yes  No

Insurance Paid:  Yes  No

Additional Notes:

Please attached before & after photos with dates.