

## 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 email or in person using the contact information listed at the top of this page.

Upon arrival to the Chi University 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 <https://alumni.chiu.edu/> 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)																																																																		
<b>Animal Specie:</b> <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Greyhound Group <input type="checkbox"/> Other _____		<b>Animal Name:</b>		<b>Animal Breed:</b>	<b>Animal Age:</b>	<b>Animal Weight:</b>																																																												
<b>Caregiver Name:</b>	<b>Caregiver Phone #:</b>	<b>Caregiver Email:</b>		<b>Today's Date:</b>		<b>Date of Scheduled Lab:</b>																																																												
<b>*Has your animal ever shown aggression toward:</b> <input type="checkbox"/> Other Animals <input type="checkbox"/> People <b>If yes to either, please explain:</b>																																																																		
<b>*When was your pet's most recent rabies shots?</b> <input type="checkbox"/> Less than 3 years ago <input type="checkbox"/> More than 3 years ago <i>(If more than 3 yrs, a titer test result is required)</i>																																																																		
<b>Medical History:</b>		<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; width: 40%;">Symptoms:</th> <th style="text-align: center; width: 15%;">Normal</th> <th style="text-align: center; width: 15%;">Increased</th> <th style="text-align: center; width: 15%;">Decreased</th> <th style="text-align: center; width: 15%;">Other</th> </tr> <tr> <td>Voice</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Activity Level</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Sleep</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Temp. Preference</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Food Intake</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Water Intake</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Stool</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Urination</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Vomiting</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Cough</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Stiffness</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> </table>					Symptoms:	Normal	Increased	Decreased	Other	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"/>	_____
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Stiffness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____																																																														
<b>Main Complaint(s):</b>																																																																		
PART II: Completed by Veterinarian/Lab Instructor																																																																		
TCVM Exam																																																																		
<b>Name of Lab Instructor:</b>			<b>Lab Group #:</b>																																																															
<b>Tongue:</b>		<b>Pulse:</b>		<b>Sensitive Points on Palpation:</b>																																																														
<b>Shen:</b> <i>Explanation:</i> <input type="checkbox"/> WNL                      _____ <input type="checkbox"/> Disturbed                      _____ <input type="checkbox"/> Poor		<b>Coat:</b> <input type="checkbox"/> WNL <input type="checkbox"/> Dandruff <input type="checkbox"/> Alopecia <input type="checkbox"/> Moist <input type="checkbox"/> Dry		<b>Paws:</b> <input type="checkbox"/> Pustule <input type="checkbox"/> WNL <input type="checkbox"/> Cracked <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Warm <input type="checkbox"/> Cold																																																														
<b>Ears:</b> <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		<b>Eyes:</b> <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		<b>Gums/Lips:</b> <input type="checkbox"/> Ulcers <input type="checkbox"/> WNL <input type="checkbox"/> Swollen <input type="checkbox"/> Pale <input type="checkbox"/> Bloody <input type="checkbox"/> Red <input type="checkbox"/> Malodorous																																																														
<b>Nose:</b> <input type="checkbox"/> WNL <input type="checkbox"/> Depigmentation <input type="checkbox"/> Wet <input type="checkbox"/> Bloody <input type="checkbox"/> Dry <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Discharge <input type="checkbox"/> Malodorous		<b>Other/Notes:</b>																																																																
Treatment																																																																		
<b>TCVM Diagnosis:</b>			<b>Acupuncture:</b>																																																															
Prescription																																																																		
<b>Herbal Formula 1:</b>		<b>Size:</b> <u>Capsule:</u> <input type="checkbox"/> 100-0.2g <input type="checkbox"/> 200-0.5g <input type="checkbox"/> Conc. 50-0.2g <input type="checkbox"/> Conc. 100-0.5g		<b>Dosage/Instructions:</b> <u>Teapill:</u> <input type="checkbox"/> 200-0.18g <u>Salve:</u> <input type="checkbox"/> 4oz		<b>Refills:</b> <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other _____																																																												
<b>Herbal Formula 2:</b>		<b>Size:</b> <u>Capsule:</u> <input type="checkbox"/> 100-0.2g <input type="checkbox"/> 200-0.5g <input type="checkbox"/> Conc. 50-0.2g <input type="checkbox"/> Conc. 100-0.5g		<b>Dosage/Instructions:</b> <u>Teapill:</u> <input type="checkbox"/> 200-0.18g <u>Salve:</u> <input type="checkbox"/> 4oz		<b>Refills:</b> <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other _____																																																												
<b>Prescribing Veterinarian's Signature:</b>					<b>Today's Date:</b>																																																													
PART III: Office Use Only																																																																		
<b>Class Code:</b>	<b>Invoice #:</b>	<b>Jing-Tang Staff Signature:</b>			<b>Chi Staff Signature:</b>																																																													

# HOW TO RECEIVE YOUR ONE-TIME COMPLIMENTARY HERBAL PRODUCT!

## OPTION 1: CURBSIDE PICKUP

**STEP 1:** Call 352- 591-2141 at least one hour before pick up

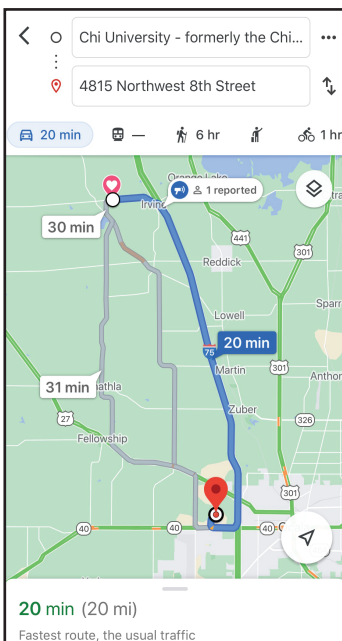
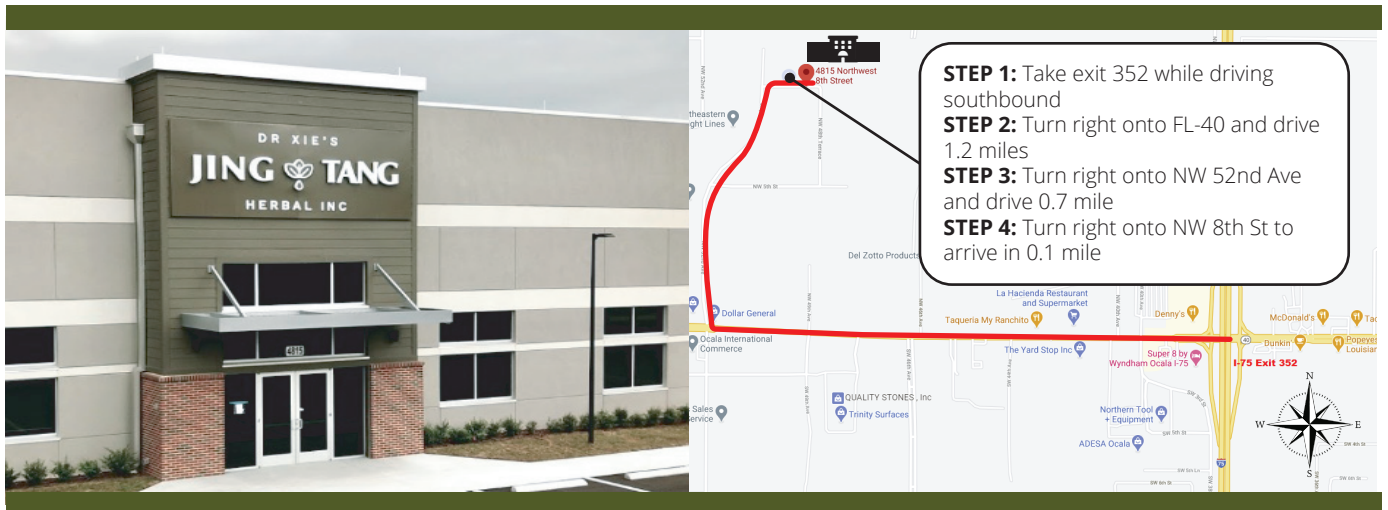
**STEP 2:** Visit us at our new location 4815 NW 8th St. Ocala, FL, 34482

## OPTION 2: HAVE THE PRODUCT SHIPPED TO YOU

**STEP 1:** Call 352- 591-2141 to have your product shipped and pay for the shipping cost

**STEP 2:** Receive the product in mail or UPS (**product is normally shipped within 2-3 business days**)

## HOW TO FIND US! AFTER GETTING OFF I-75 EXIT 352 (COMING FROM CHI UNIVERSITY)



## WHAT APP TO USE

We can't wait to see you! Because our state of the art facility is so new, our address has not been updated to most GPS apps. The easiest way to find us is to use **Google Maps** to navigate your trip.



CHI | UNIVERSITY

DR XIE'S  
JING TANG  
HERBAL INC

Chi University would like to thank Dr. Xie's Jing Tang Herbal, for supplying our students with this one-time complimentary herbal product.