

ANIMAL BREAKTHROUGH SOLUTIONS

Subject:

Treatment:

Initial Treatment Period:

Approximate Tumor Size:

Location:

Treated Area:

Active Treatment Period:

Observed Side-effects:

Re-occurrence as of:

Note:

TESTIMONY, COMMENTS, OPINIONS.

NAME: _____ ADDRESS _____

APPLICATION COMMENTS: _____

EASY OF USE _____

PLEASE RETURN TO : ANIMALBREAKTHROUGHSOLUTIONS@YAHOO.COM