



**SPECIALIZED
PET SOLUTIONS**

Full Limb Prosthetic Order Form

Please mail or email completed forms to:
5111 E. Spangle-Waverly Rd. Spangle, WA 99031
specializedpetsolutions@yahoo.com

Owner Information: *(Please Print)*

Name: _____

Email: _____

Address: _____

Pet Information:

Name: _____

Animal Type: _____

Breed: _____

Temperament (Calm, Active, etc.):

Activity Level: Low / Moderate / High / Other:

Affected Limb(s): Front Right / Front Left / Rear Right / Rear Left

Pertinent information: _____

Age: _____ Weight: _____ Gender: M / F

Fur/Hair Color: _____

Referring Vet Information: (if you have one)

Name: _____ Phone: _____

Email: _____

Address: _____

Ship To: (Circle one) Owner / Vet

Type: (Circle one) Ground (Free) / 2-Day (\$50) / Overnight(\$90)

The customer is responsible for informing SPS in a timely fashion for any adjustment that are needed, or any device defects or other issues. Customer must contact SPS within 30 days of receipt of device to let us know of any issues. We will make adjustments within the first 6 months to ensure proper fit, however we cannot guarantee animal acceptance. As this is a custom one of a kind device there are no refunds.

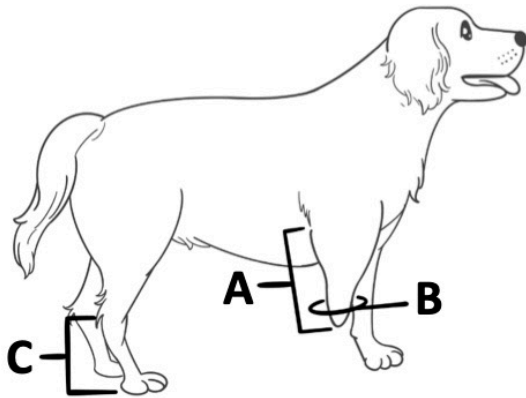
Customer Signature: _____

Full Limb Measurements and Specifications

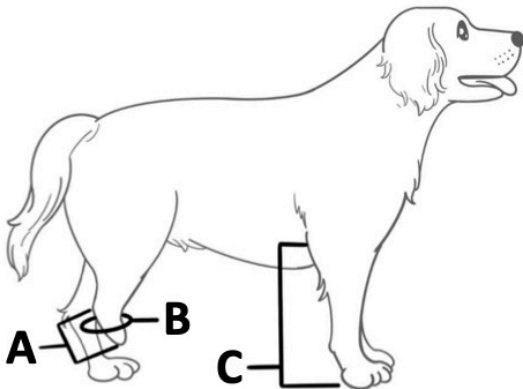
How To Measure:

Use the diagram below to measure your pet's affected limb(s), then record each measurement in it's corresponding field on the right side of this form.

Front Limb Measurements:



Rear Limb Measurements:



Brace Color:

Color choices can be found at:
[Friddles.com/collections/friddles-coloring-paper?page=1](http://friddles.com/collections/friddles-coloring-paper?page=1)

First Choice: _____

Second Choice: _____

*Be sure to look through all available colors, as some might be at the bottom of the page

Measurements:

A) Length of Stump:

Front Leg:

Elbow to distal end of stump: _____

Back Leg:

Hock to distal end of stump: _____

B) Circumference:

Front Leg Amputation: _____

Back Leg Amputation: _____

C) Height of Sound Leg:

Front Leg:

Elbow to ground in a standing position: _____

Back Leg:

Hock to ground in a standing position: _____

Also please snap a picture while you are measuring so our fabricator can assess the anatomical markers in comparison to your measurements. Then email them to specializedpetsolutions@yahoo.com along with your dogs name as the title.