



**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: Owner / Vet

Type: Ground (Free) / 2-Day (TBD) / Overnight(TBD)

Full Limb Prosthetic Measurements and Specifications

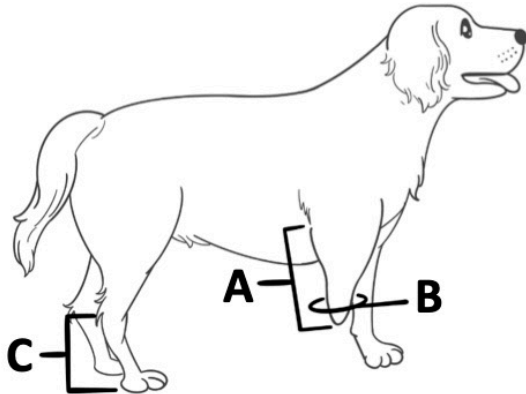
Please send molds/casts to Specialized Pet Solutions at
3038 E. Trent Ave, Suite 007-D, Spokane, WA 99208

*Before casting limb(s), please read the directions included in the casting kit.

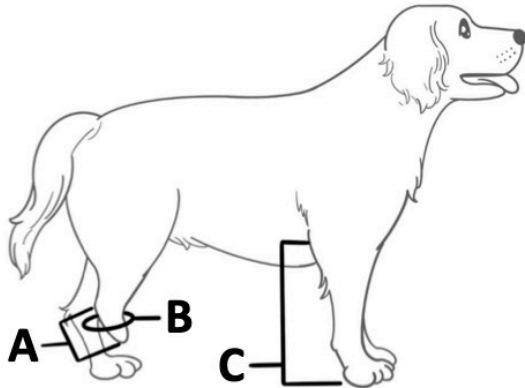
How To Measure:

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: _____