



**SPECIALIZED
PET SOLUTIONS**

(509) 934-0067

5111 E. Spangle-Waverly RD
Spangle, WA 99031

Email: specializedpetsolutions@yahoo.com

Large Animal Orthotic Order Form

Owner Name (please print) _____

Phone: _____ Email: _____

Address: _____

Pet Name: _____ **Breed:** _____

Age: _____ Wt. _____ Gender (circle one) M / F

Activity Level (circle one) Low / Moderate / High / Other _____

Affected Limb(s) Front Right / Front Left / Back Right / Back Left

Referring Vet (if you have one) _____

Phone: _____ Email: _____

Address: _____

Diagnosis (if you have one) _____

Shipping: (circle one)

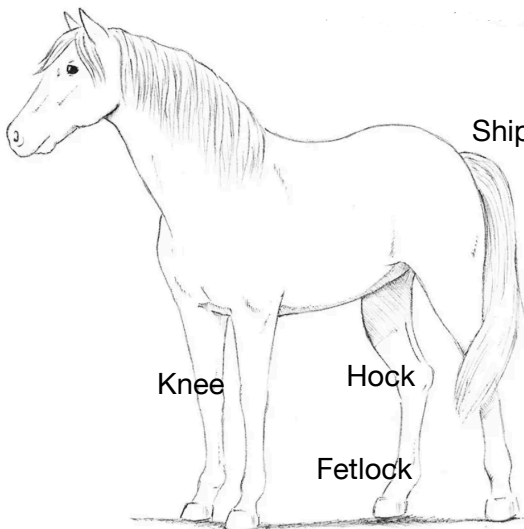
Ground- Free
2 day- \$50
Overnight- \$90

Brace color choices can be seen
on every product page on our
website at
www.specializedpetsolutions.com

Choice #1 _____

Choice #2 _____

Ship to (circle one) - Owner / Vet



Measurements:

Knee to Fetlock _____ Hock to Fetlock _____

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.

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: _____