



**SPECIALIZED
PET SOLUTIONS**

(509) 934-0067

5111 E. Spangle-Waverly Rd.
Spangle, WA 99031

Email: specializedpetsolutions@yahoo.com

Partial Limb Prosthetic Order Form

Owner Information: *(Please Print)*

Name: _____
Phone _____ Email: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Pet Information:

Name: _____ Breed: _____
Age: _____ Weight: _____ Gender: M / F

Activity Level: (circle one)
Affected Limb(s): (circle one)

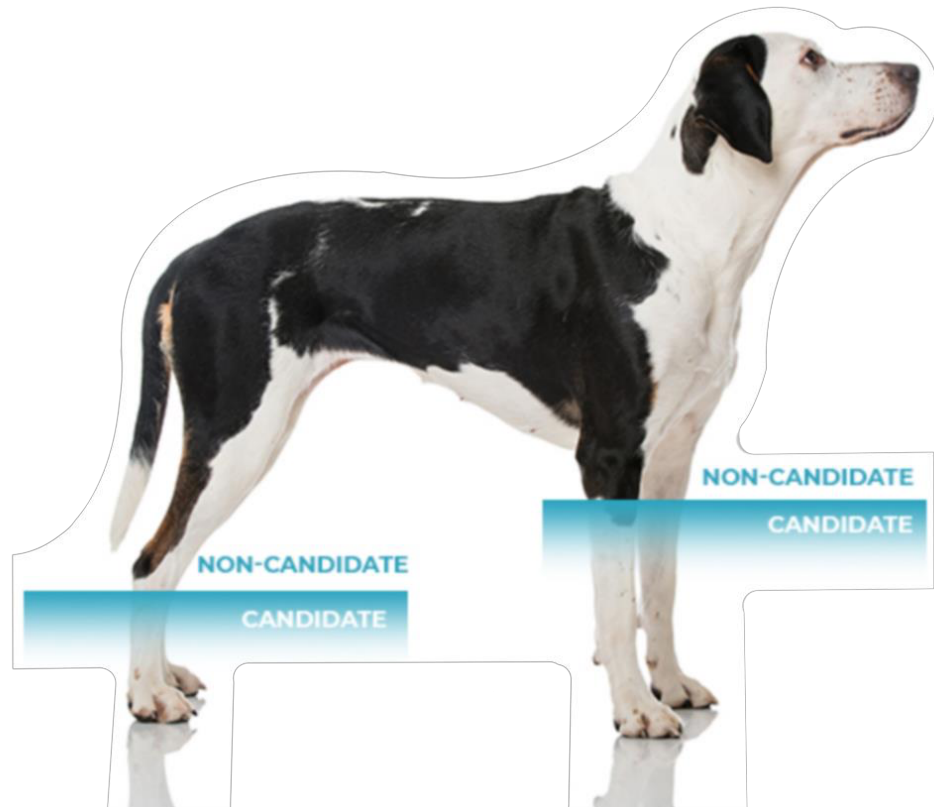
Low / Moderate / High / Other:
Front Right / Front Left / Rear Right / Rear Left

Referring Vet if you have one:

Shipping Information:

Type of shipping:
(circle one)
Ground-Free
2-day- \$40
Overnight-\$75

Ship to:
(circle one) Mailing Address
Vet's Office
Other:



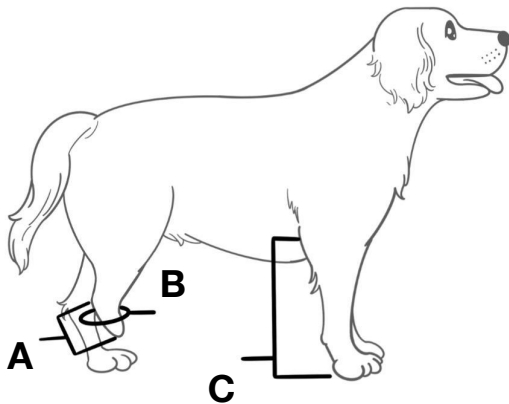
Partial Limb Prosthetic Measurements and Specifications

Please Send Cast to our fabrication lab at:
5111 E. Spangle-Waverly Rd. Spangle, WA 99031

Before you begin please read instructions all the way through and watch our casting video's on our website.

How to Measure:

Use the Diagram below to measure your pet's affected limb. Then record each measurement in the corresponding field on the right side of the form.



Measurements:

A.) Length of Stump:

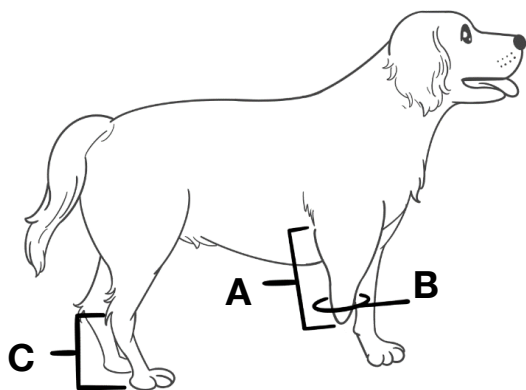
Front Leg-
Elbow to end of stump _____ in.
Back Leg-
Hock to end of stump _____ in.

B.) Circumference:

Front leg amputation _____ in.
Back Leg Amputation _____ in.

C.) Height of sound leg

Front Leg:
Elbow to ground in standing
position _____ in.
Back Leg:
Hock to ground in standing
position _____ in.



Brace Color Options

Color choice can be found at: www.specializedpetsolutions.com at the bottom of each product page.

First Choice _____

Second Choice _____