



**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)

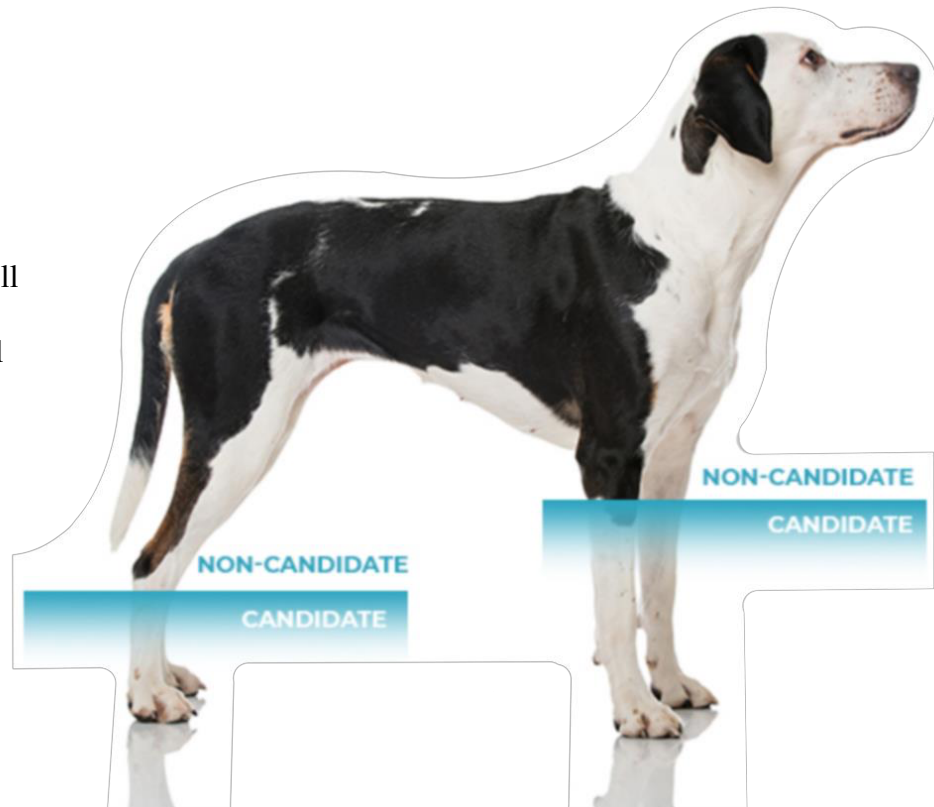
Low / Moderate / High / Other:
Front Right / Front Left / Rear Right / Rear Left

Referring Vet if you have one:

Shipping Information:

Due to the size and expense of shipping full size products we will give \$50 shipping credit towards the cost of shipping and bill you separately for the remaining balance.

Ship to: _____ Owner / Vet
(circle one) Address: _____



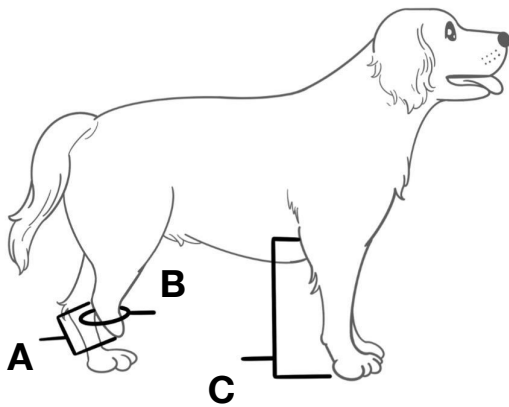
Partial Limb Prosthetic Measurements and Specifications

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. 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.



Measurements:

A.) Length of Stump:

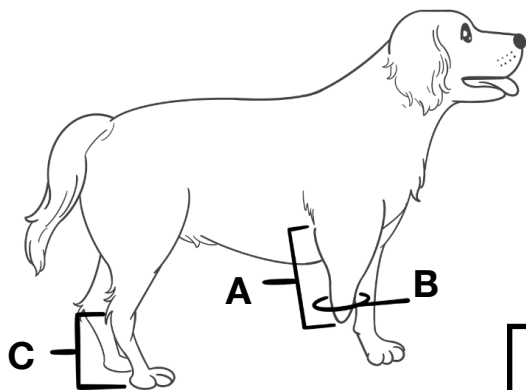
Front Leg-
Elbow to end of stump _____ in.
Back Leg-
Hock to end of stump _____ in.

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 the bottom of each product page.

First
Choice _____

Second
Choice _____

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: _____