



**SPECIALIZED
PET SOLUTIONS**

Stifle (Knee) Brace Order Form

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

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 Information:

Ship to: (circle one) Owner / Vet

Type: (circle one) Ground- Free

2-Day- \$40

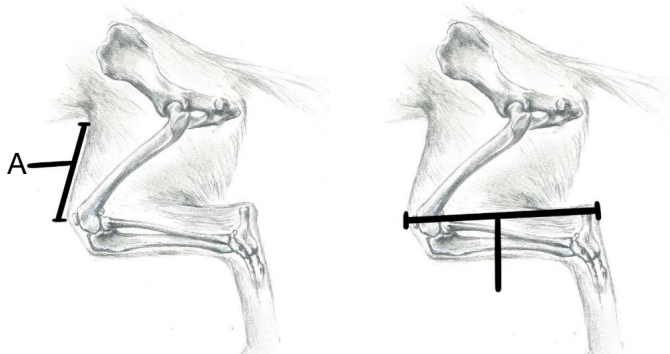
Overnight-\$75

Brace Color Options can be found at our website www.specializedpetsolutions.com

Under each product page click "view color options"

First Choice: _____

Second Choice: _____



Measurements:

A- Groin to Knee: _____ In.

B- Knee to Hock: _____ In.

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.

A- Groin to Knee Measurement: Start from the bend of the groin and end at the top of the knee at the protrusion, where the patella (knee cap) begins.

B- Knee to Hock: Start from the top of the knee at the first protrusion, where the patella (knee cap) begins and end at the back of the

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: _____