



**SPECIALIZED
PET SOLUTIONS**

Carpal / Hock Brace Order Form

Please mail completed form along with cast to:
5111 E. Spangle-Waverly Rd. Spangle, WA 99031

Name: _____ Phone# _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Pet Name: _____ Breed: _____

Age: _____ Weight: _____ Male / Female

Name of Veterinarian (if you have one) _____

Phone _____ Diagnosis (if you have one) _____

Shipping Information:

Ship to: (circle one). Owner / Vet
Type: Ground- Free
Two Day- \$40
Overnight- \$75

Affected limb: Right / Left Front / Back

With Paw Section / Without Paw Section

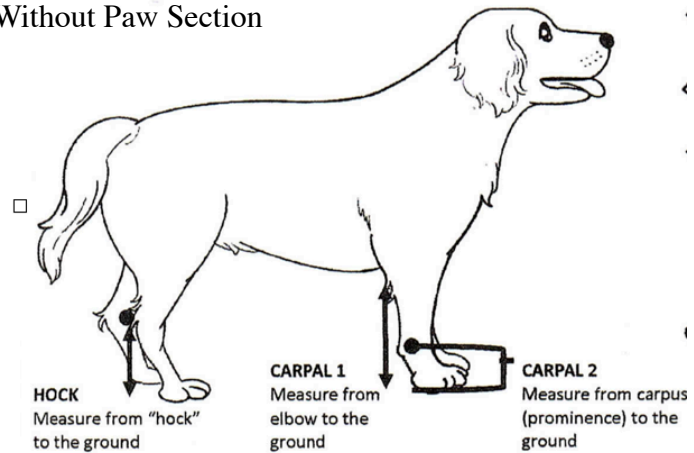
Measurements

Measure the above marked area's: Hock _____ in.

Carpal 1 _____ in. Carpal 2 _____ in.

If brace requires a paw section please trace the paw on the back of this paper, and provide measurements below:

Width _____ in. Length _____ in.



*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: _____

Brace Color Options can be found at our website www.specializedpetsolutions.com Under each product page click "view color options"
1st Choice: _____
2nd Choice: _____

