



**SPECIALIZED
PET SOLUTIONS**

Carpal / Hock Brace Order Form

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

Owner 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

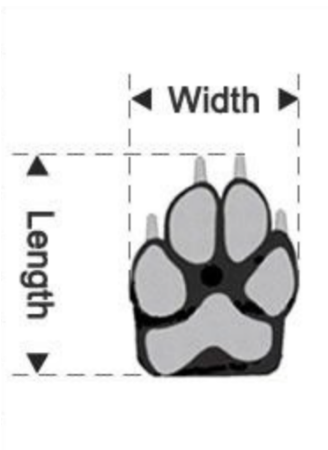
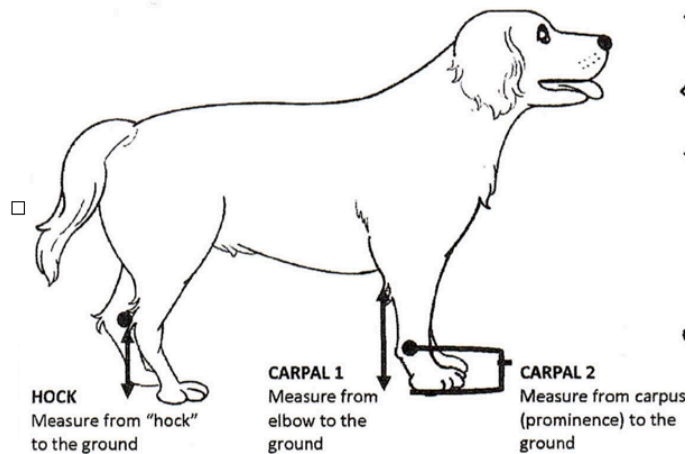
With Paw Section / Without Paw Section

Brace Color Options

can be found at our website
www.specializedpetsolutions.com
Under each product page click "view color options"

1st Choice: _____

2nd Choice: _____



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.