

ANIMAL ORTHOCARE, LLC

MOBILITY DEVICES FOR PETS

CUSTOM BRACE ORDER FORM

Date: _____

Please e-mail (animalorthocare@hotmail.com) or fax order form to (866) 885-8111 ATTN: Derrick Campana, CO. We will process order within 24 hours. Please remember to sign below or order cannot be processed.

Payment info: CC Type: _____ Exp: _____
 CC# _____

DO YOU NEED A CASTING KIT? Y/ N
 DO YOU WANT TO BE ADDED TO OUR EMAIL LIST? Y/N

Owner's Name: _____
 Phone Number: _____
 E-MAIL: _____

Referring Vet Name : _____
 Vet Phone Number: _____
 E-MAIL : _____

Owners Address (Check box to Ship Brace here):

Vet Address (Check box to Ship Brace here):

KEEP CREDIT CARD ON FILE FOR CLINIC? Y / N

Pet Breed: _____
 Pet name: _____
 Color : _____ Age: _____ Weight: _____
 Temperament: _____
 Goals for your pet: _____

Prior Surgeries: _____
 If yes, please explain: _____

 Goals for brace: _____

ORDER INFORMATION

- Description of brace needed: _____
- Draw brace on model to the left.
- Diagnosis: _____
- Shipping method: Ground, 2nd day, 3rd day, overnight
- Joint type: None, Tamarack, ROM, Other
- Include Paw in brace? YES or NO
- Brace Color: _____

***To select brace colors go animalorthocare.com (go to products, view brace colors). Click on each image to view choices.
Notice: some colors may be discontinued or temporarily unavailable. Plain colors also available.

CAST INSTRUCTIONS : Send mold to: **Specialized Orthopedic Services (ATTN: Animal Orthocare) 307-F Maple Ave W. Vienna, VA 22180**
 Before casting limb, please view the "HOW TO CAST" video on our website. This will give you detailed instructions on making the mold.

I have read and understand the "PATIENT AGREEMENT FORM" listed in the forms section of our website (www.animalorthocare.com). I hereby allow Animal Orthocare, LLC to charge the credit card listed above for the specified amount.

Signed X _____ Date X _____

