



Animal Ortho Care

CUSTOM BRACE ORDER FORM

Date: _____

Please complete this form and place in a box with the patient's cast and ship to the address provided below.

CAST INSTRUCTIONS : Send molds/casts to: Animal Ortho Care 43760 Trade Center Place, Unit 135 Sterling, VA 20166 We will process order within 24 hours. Please remember to sign below or order cannot be

Payment info: CC Type: _____ Exp: _____ Code _____
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: _____

Owners Address (Check box to Ship Brace here):

Pet Breed: _____

Pet name: _____

Color : _____ Age: _____ Weight: _____

Temperament: _____

Goals for your pet: _____

Referring Vet Name : _____

Vet Phone Number: _____

E-MAIL : _____

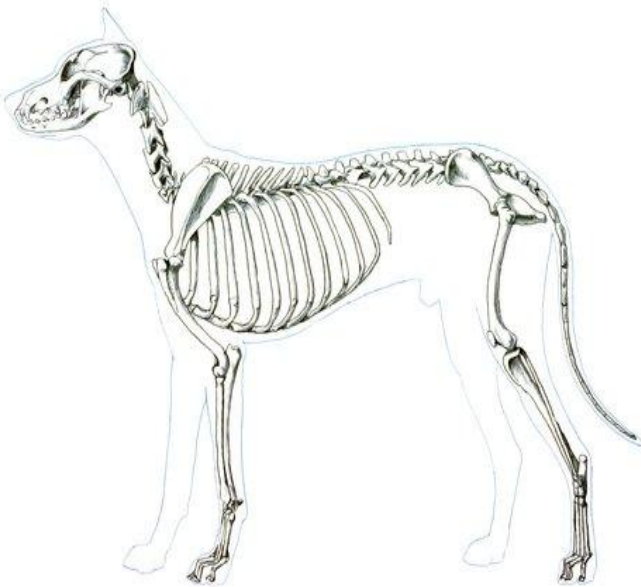
Vet Address (Check box to Ship Brace here):

KEEP CREDIT CARD ON FILE FOR CLINIC? Y / N

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.

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Before casting limb, please view the "Casting Videos" 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.aocpet.com). I hereby allow Animal Ortho Care to charge the credit card listed above for the specified amount.

Signed X _____ Date X _____