



3508 East Main Street, Morgantown, PA 19543

Phone: 610-286-0018 • Fax: 610-286-0021

Email: [info@mypetsbrace.com](mailto:info@mypetsbrace.com)

Thank you for contacting My Pet's Brace. We look forward to helping your dog/patient walk and play comfortably again with the help of a custom brace. An effective custom brace starts with the creation of a well-formed cast taken by a veterinarian or rehabilitation professional.

If the veterinarian or rehabilitation facility does not have the materials to make the fiberglass cast, a casting kit may be ordered from the My Pet's Brace website or by calling 610-286-0018.

**Please follow the process below:**

**Step 1:** Veterinarian or rehabilitation professional reads the casting instructions below and watches the *Carpal Brace Casting Tutorial* video at [mypetsbrace.com/training-videos](http://mypetsbrace.com/training-videos).

**Step 2:** Veterinarian or rehabilitation professional takes a cast of the dog's leg.

**Step 3:** Veterinarian or rehabilitation professional completes the Measurement Form.

**Step 4:** Pet owner completes Intake Form.

**Step 5:** Mail the cast, Measurement Form and Intake Form to My Pet's Brace in PA (address above).

**Step 6:** Once the cast is received, My Pet's Brace calls the purchaser of the brace to take payment and provide the specific date the brace will be completed and shipped from our facility.

**Step 7:** Veterinarian or rehabilitation professional fits the brace on the dog. Read the Fit and Care Instructions included with the brace.

All of our braces include a no-hassle 90 day warranty. Because our devices are custom-made and will not fit any other pet, no refunds, returns or exchanges can be offered by My Pet's Brace. Visit our website for more information.

## CARPAL BRACE CASTING INSTRUCTIONS



Watch *Carpal Brace Casting Tutorial* video at [www.mypetsbrace.com/training-videos](http://www.mypetsbrace.com/training-videos).

The casting procedure for a custom brace is a different process than casting for a broken bone, disease or injury.



Have a helper sit on the opposite side of the dog's injured leg. The helper will hold the stockinet and rubber tubing cutting strip with one hand and support the dog from sitting with the other hand underneath the dog's belly. Position the dog in a normal/corrected standing position, with the dog's paw flat on the ground (90° angle). If there is a contracture, cast the leg in the most functional position. There is no need to sedate the dog (unless there are extreme circumstance).



Have a bowl of lukewarm water, a sharp utility knife, a pair of bandage scissors and a marker readily available.



Hold the casting tape underwater for 10 seconds, then squeeze water out three times.



Start the cast by quickly wrapping the tape distally, then cover the entire paw and move up the leg to just below the elbow. Overlap each layer no more than 2-3 times, cutting off any excess tape not needed. Do not squeeze paw together.



Mold the tape to conform to bony prominences. Massage the layers together.



Use the permanent marker to trace the rubber tubing. Draw several hash marks perpendicular to the rubber tubing line.



Use the utility knife to cut the cast off before the casting tape completely hardens (less than 4 minutes). Do not wait too long. Cast will still be a little soft.



Remove the rubber tubing cutting strip. Cut the stockinet off with the bandage scissors and remove the cast from the dog's leg.



Tape or rubber band the cast together without deforming the cast. Write the dog's name on the cast.



Complete Measurement Form and record all measurements in centimeters using a soft tape measure. Length Measurement 1 – elbow joint to carpal joint



Length Measurement 2 – carpal joint to floor



Length Measurement 3 – length of paw, include nails



Circumference Measurement 1 – at elbow joint



Circumference Measurement 2 – at mid forearm



Circumference Measurement 3 – at carpal joint mid forearm



On the back of the Measurement Form, take a tracing of the dog's paw while the dog is standing.



Pet owner completes Intake Form.



If possible, mail or email a side view picture of the dog while he/she is standing. Take the picture at dog's eye level. Do not take the picture when the cast is on the dog's leg.



Mail cast, Measurement Form, Intake Form and picture to:

My Pet's Brace  
3508 East Main Street  
Morgantown, PA 19543

<p><b>My Pet's Brace Use Only – Due Date</b></p> <input type="checkbox"/> IO <input type="checkbox"/> CFab <input type="checkbox"/> PITT
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## CARPAL MEASUREMENT FORM

**\*READ INSTRUCTIONS ON PAGE 1 and 2. THIS IS PAGE 3. THIS PAGE IS TO BE COMPLETED BY THE VET/REHAB. ON THE BACK OF THIS PAPER, TAKE A TRACING OF THE DOG'S PAW WHILE THE DOG IS STANDING.**

Date:	Owner Name:				
Pet Name:			Breed:		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Weight:	lbs	Age:	Affected Side/Brace For: <input type="checkbox"/> Left <input type="checkbox"/> Right	
Device Requested: <input type="checkbox"/> Carpal with Joints at Carpal			<input type="checkbox"/> Carpal without Joints	<input type="checkbox"/> Below Carpal	<input type="checkbox"/> Add Anterior Shell
<input type="checkbox"/> Carpal with Joints at Paw					
<input type="checkbox"/> Carpal with Joints at Carpal & Paw (+150)					
Body Condition Score: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9					
Diagnosis:			Notes/Other Instructions:		
Clinic Name:				Clinic Phone:	
<b>Practitioner Name:</b>			<b>Practitioner Signature:</b>		
<b>Brace Color (See Color Chart):</b>					

**LENGTH MEASUREMENTS**

**CIRCUMFERENCE MEASUREMENTS**

1) ELBOW AXIS TO CARPAL AXIS

 cm

2) CARPAL AXIS TO FLOOR

 cm

3) LENGTH OF PAW  
(when flat on floor, include nails)

 cm

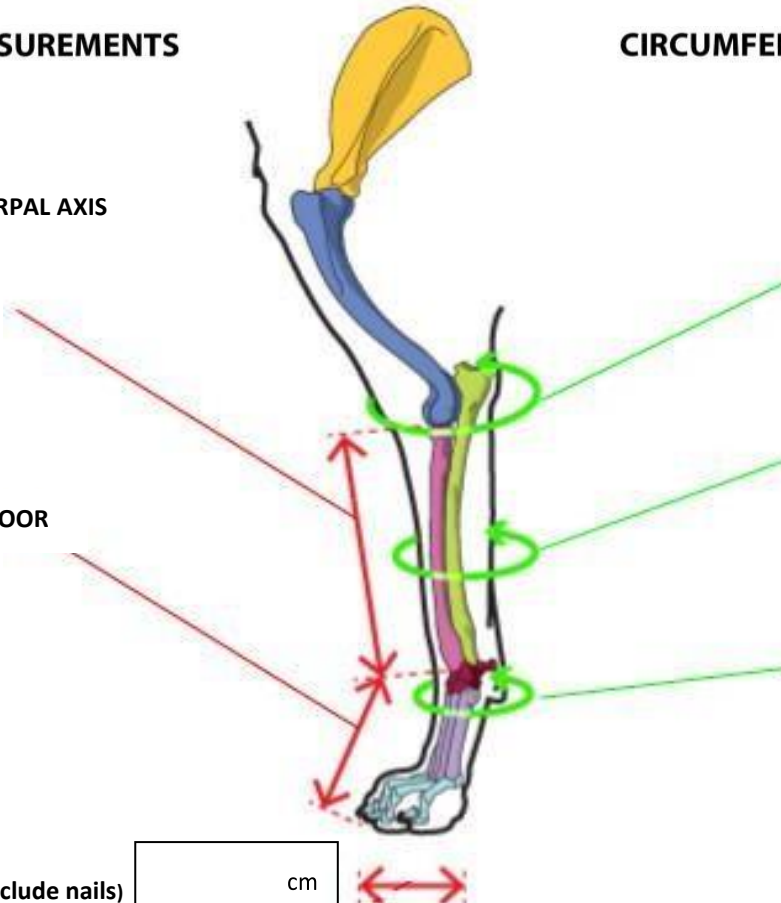
1) AT ELBOW JOINT

 cm

2) AT MID FOREARM

 cm

3) AT CARPAL JOINT

 cm


# PAW TRACING



3508 East Main Street  
Morgantown, PA 19543

Phone: 610-286-0018  
Fax: 610-286-0021  
Email: info@mypetsbrace.com

# INTAKE FORM

## VETERINARIAN/REHABILITATION INFORMATION

Practitioner Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## PET OWNER INFORMATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## PET INFORMATION

Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Weight: \_\_\_\_\_ lbs Age: \_\_\_\_\_ Gender:  Male  Female Affected Side/Brace For:  Left  Right  Bilateral  
Diagnosis/Injury: \_\_\_\_\_

## DELIVERY INFORMATION

Fabrication Time:  Standard: 7 business days or less  Expedite: 3 business days or less- additional \$150/brace  
Ship Completed Brace To:  Pet Owner  Vet/Rehab Facility  
Shipping Method (Shipping Completed Brace To Pet Owner/Vet/Rehab Facility):  
USA:  UPS Ground- Free when shipping within USA  3-day  2-day  Next day  
Canada:  UPS 2-5 business days (~\$40)  UPS 1-3 business days (~\$45)  
International:  UPS 2-5 business days (~\$90)  UPS 1-3 business days (~\$110)

## BILLING INFORMATION

Who To Bill:  Pet Owner  Vet/Rehab Facility  
Store Credit Card Number For Future Charges (Straps/Repairs):  Yes  No  
Credit Card:  Visa  MasterCard  Discover  AmEx  Care Credit  
Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Providing credit card information authorizes My Pet's Brace to charge your card for the brace plus any applicable shipping charges. Credit card information can also be given over the phone when My Pet's Brace calls the brace purchaser confirming the cast has been received at our facility. Production of the brace begins once full payment has been received.  
Billing Address (if different from above): \_\_\_\_\_  
If paying by check- mail check with the dog's cast and paperwork to My Pet's Brace

### Warranty

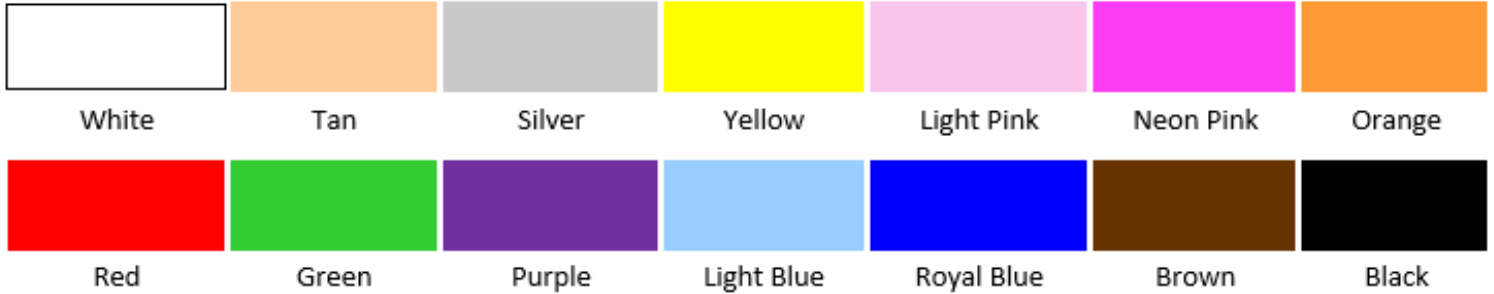
My Pet's Brace will repair or replace straps, liners, pads, buckles or soling for no charge within 90 days after you receive the brace. My Pet's Brace will repair or replace the plastic superstructure and mechanical hinges for no charge if they fail from defect within one year. Because devices are custom-made for each patient and will not fit any other animal, no refunds, returns or exchanges can be offered by My Pet's Brace. By signing below, I understand and agree to the My Pet's Brace warranty and no refunds policy.

**Pet Owner's Signature:** \_\_\_\_\_ Date: \_\_\_\_\_



## COLOR CHART

### Dogs Under 130 Pounds



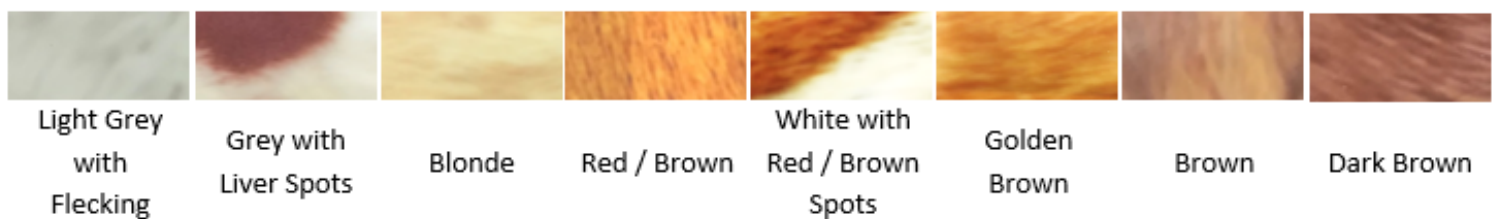
### Dogs 130+ Pounds



### Special Colors – Any Size Dog – Additional \$75 per Brace



### Dog Hair Design – Any Size Dog – Additional \$125 per Brace



\*Choice of colors subject to change depending on availability from manufacturer and type/complexity of device