



3508 East Main Street
Morgantown, PA 19543

Phone: 610-286-0018
Fax: 610-286-0021
Email: 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 *Elbow Brace Casting Tutorial* video at 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.

Elbow Casting Instructions

- 1) Watch *Elbow Brace Casting Tutorial* video at 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.
- 2) Have a bowl of lukewarm water, a sharp utility knife and a pair of bandage scissors readily available.
- 3) Position the dog in a normal/corrected standing position. There is no need to sedate the dog (unless there are extreme circumstances).
- 4) Have a helper position themselves on the opposite side of the injured leg and hold the stockinet and rubber tubing cutting strip with one hand and support the dog from sitting with the other hand.
- 5) Hold the casting tape underwater for 10 seconds, then squeeze water out three times.
- 6) **Start the cast by quickly wrapping the tape from the carpus to the axilla. Overlap each layer no more than 2-3 times, cutting off any excess tape not needed. Cut the cast off with a utility knife before the casting tape completely hardens (less than 4 minutes). Cut the stockinet off with the bandage scissors.**
- 7) Tape or rubber band the cast together without deforming the cast. Write the dog's name on the cast.
- 8) Complete *Measurement Form* and record all measurements in centimeters using a soft tape measure.
- 9) Complete *Intake Form*.
- 10) 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.
- 11) Mail cast, ***Measurement Form***, ***Intake Form*** and picture to My Pet's Brace in PA (address above).

- IO
 CFab
 PITT

ELBOW MEASUREMENT FORM

***READ INSTRUCTIONS ON PAGE 1. THIS IS PAGE 2. THIS PAGE IS TO BE COMPLETED BY THE VET/REHAB.**

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"/> Elbow with Joints <input type="checkbox"/> Elbow no Joints <input type="checkbox"/> Add Anterior Shell					
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 Too Thin Ideal Too Heavy					
Diagnosis:			Notes/Other Instructions:		
Clinic Name:				Clinic Phone:	
Practitioner Name:			Practitioner Signature:		
Brace Color (See Color Chart):					



LENGTH MEASUREMENTS

CIRCUMFERENCE MEASUREMENTS



1) UNDER AXILLA

 cm

2) AT ELBOW JOINT

 cm

3) CARPAL JOINT TO FLOOR

 cm

4) LENGTH OF PAW
(when flat on floor, include

 cm

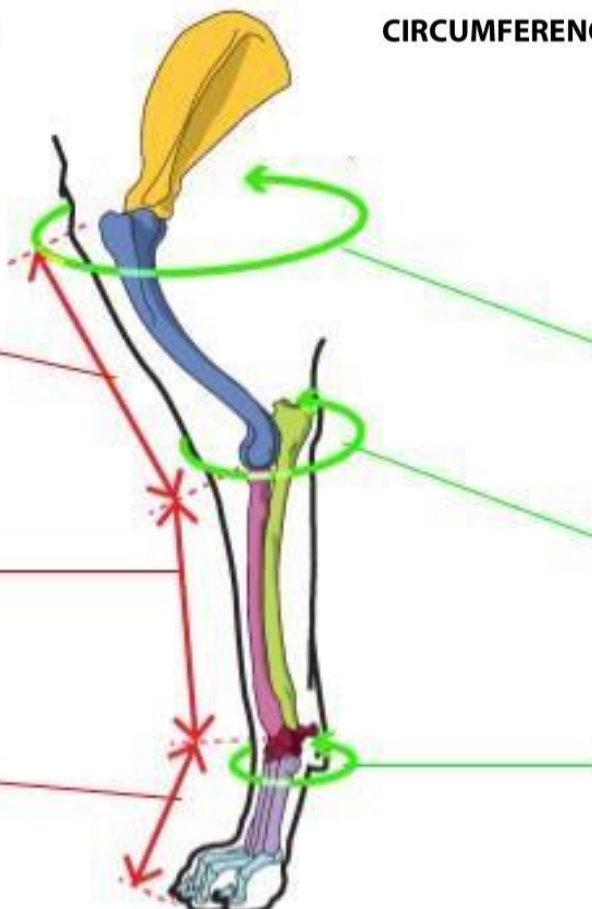

1) UPPER MOST CIRCUMFERENCE

 cm

2) AT ELBOW

 cm

3) AT CARPAL

 cm




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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: _____

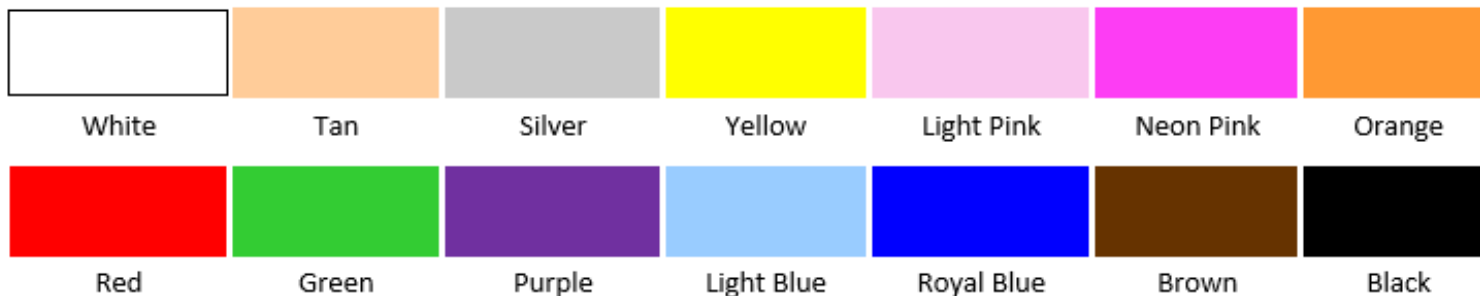


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COLOR CHART

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