



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 *Hock 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.

HOCK BRACE CASTING INSTRUCTIONS



Watch *Hock 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.



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 to just below the tibial tubercle. Overlap each layer no more than 2-3 times, cutting off any excess tape not needed.



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 – stifle joint to hock joint



Length Measurement 2 – hock joint to floor



Length Measurement 3 – length of paw, include nails



Circumference Measurement 1 – at middle calf



Circumference Measurement 2 – at hock joint



Circumference Measurement 3 – below hock joint



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

- IO
- CFab
- PITT

HOCK MEASUREMENT FORM

***READ INSTRUCTIONS ON PAGE 1 & 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"/> Hock with Joints at Tarsus <input type="checkbox"/> Hock with Joints at Paw <input type="checkbox"/> Hock with Joints at Tarsus & Paw (+ \$150)					<input type="checkbox"/> Hock without Joints		<input type="checkbox"/> Below Hock		<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



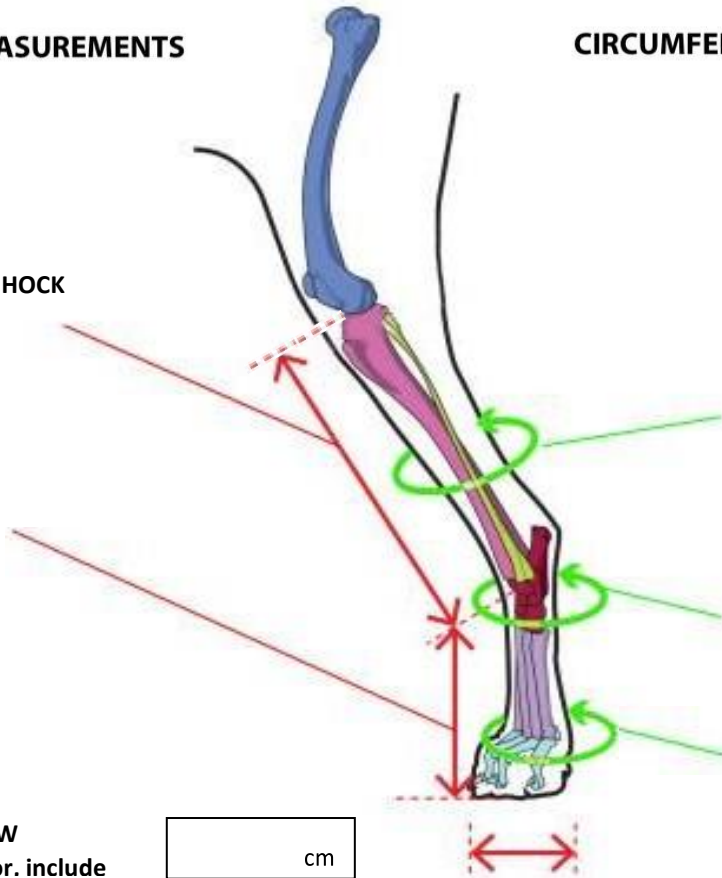
1) STIFLE AXIS TO HOCK

 cm

2) HOCK AXIS TO

 cm

3) LENGTH OF PAW
(when flat on floor. include

 cm


1) AT MIDDLE

 cm

2) AT HOCK

 cm

3) BELOW HOCK

 cm

PAW TRACING



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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: _____

COLOR CHART

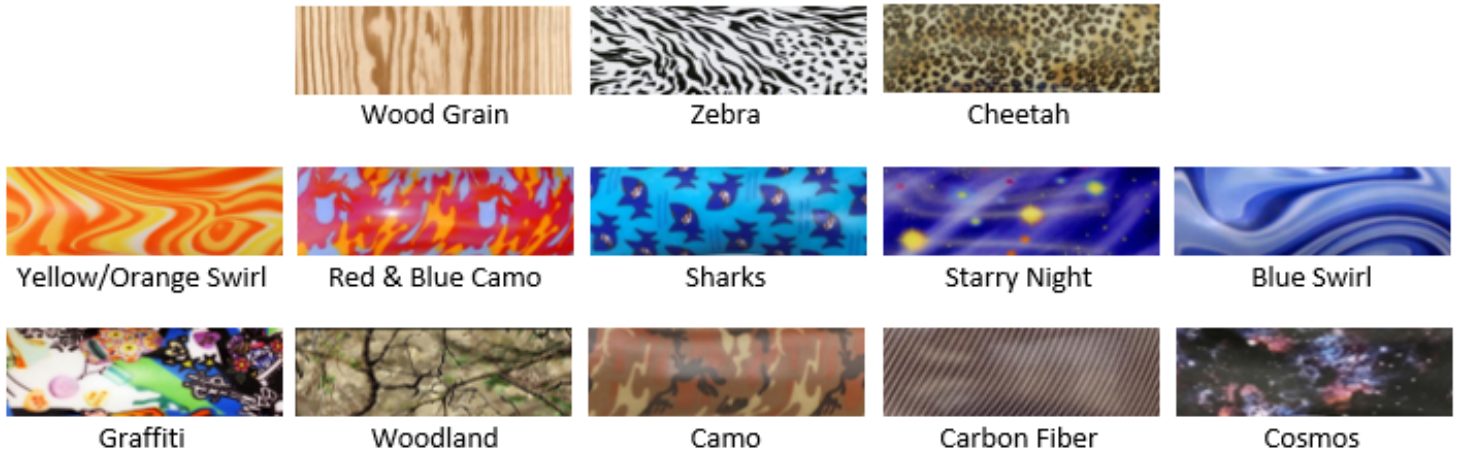
Dogs Under 130 Pounds



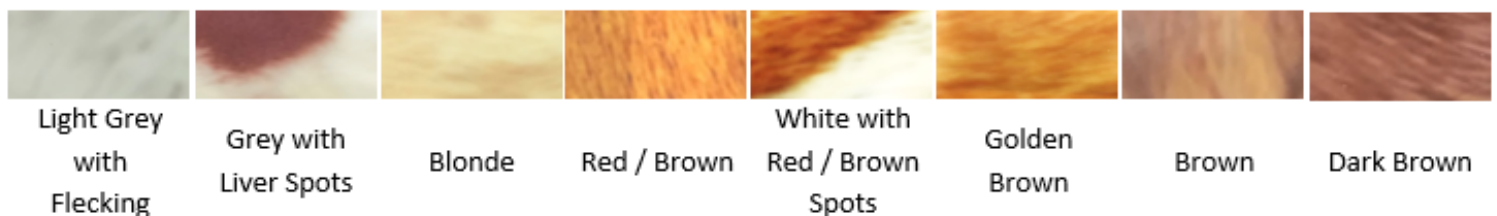
Dogs 130+ Pounds



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