



PAWTHOTICS NZ
Orthotics and Prosthetics for Animals

Mail this form to
pawthoticsnz@gmail.com



DorsiFlex Assist (DFA) Brace - HIND limb

Pet Name:	Breed:	Weight: _____ kg
Gender: Male / Female	Neutered/Spayed Yes No	Age:
Diagnosis:		Brace for: LEFT RIGHT
Owners Name:	Owners Signature:	
Address:	Phone:	
	Email:	
Clinic Name:	Date:	
Practitioner Name:	Practitioner's Signature:	
Address:	Phone:	
	Email:	
Request Quote? Yes No, please manufacture	Invoice directed to: Owner Clinic	

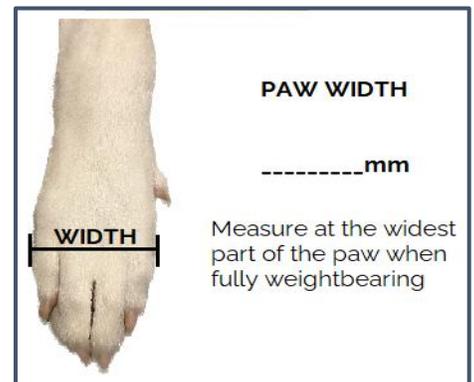
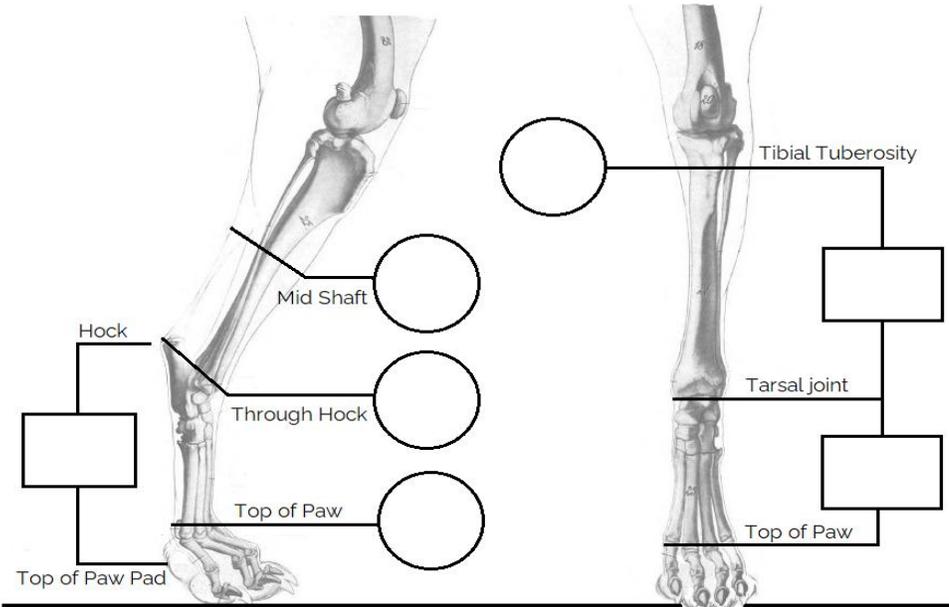


Diagram KEY: Circle = Circumference Square = Length

PLEASE PROVIDE A PHOTO OF YOUR PET TO DETERMINE THE BRACE SPECIFICATIONS

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