



KineticPaws

Orthotics & Prosthetics

Leg Lengthening Order Form

OWNER INFORMATION

Owner Name:

Ph:

Cell:

Email:

Address:

City:

State:

ZIP:

VETERINARIAN

Vet Name:

Ph:

Email:

Vet Clinic:

Address:

City:

State:

ZIP:

BILLING (CHECK ONE)

BILL VET CLINIC (USE BILLING ADDRESS ABOVE)

BILL OWNER (USE BILLING ADDRESS ABOVE)

OTHER: NAME:

Ph:

Email:

Address:

City:

State:

ZIP:

PATIENT

Patient name:

Breed:

Age:

Male

Female

Weight (lbs or kgs):

Activity Level (ie. Low, moderate, high):

Surgery (type and date)?

Diagnosis:

CAST

PLEASE REVIEW CASTING INSTRUCTIONS AND VIDEOS PRIOR TO CASTING

Patient cast position is critical in proper fabrication and fit of a brace or prosthetic. The device is fabricated directly from the cast. A standing digitigrade position is optimal positioning. A new cast may be required if cast or position is not proper or correctable.

Casting position: Standing Sitting Sedated Laying

Pics included? yes no Email to paws@kineticpaws.com

Please indicate if any possible casting corrections may be required? yes no

If yes, please explain:

Leg Lengthening (select one)

Left

Right

Is dewclaw attached?

Front

Rear

Measurements for Harness

Inches or Centimeters?

Leg Length Discrepancy
Amount

* Include a tracing of the paw on the back of the order form or a separate page.

Veterinarian Signature: