



## Custom Splint Order Form

**Step 1 Customer Information/Billing** Date \_\_\_\_\_

Your Name \_\_\_\_\_ Organization Name \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Name \_\_\_\_\_

Billing address (different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card \_\_\_\_\_ EXP \_\_\_\_\_ CVC \_\_\_\_\_

**Step 2 Product Info (circle one)**

\$575 Standard Front    \$575 Standard Rear    \$575 Hock    \$575 Carpal    \$325 Flexi    \$879 Stifle (<100lbs)

\$235 Feline Front    \$235 Feline Rear

Services:    \$34.95 Office Visit    \$69.95 Refurb (straps & pads)    \$89.95 Rush

Options:    \$95 Articulated Joint    \$1.95 Vet wrap Reg.    \$4.95 Vet wrap No-Chew    \$39 Casting kit

**Step 3 Patient Info**

Breed \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

Ailments \_\_\_\_\_

Request Pictures/Video \_\_\_\_\_

Shipping \$ _____
Sales Tax \$ _____
Total \$ _____

**NOTES** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Veterinarian Special Requests:

**Please ship cast to:**  
**OrthoVet LLC**  
**13023 NE Hwy 99 STE 7-363**  
**Vancouver WA 98686**