



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 casting video tutorial 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 and Diagnosis Form

Step 4: Pet owner completes Intake Form.

Step 5: Mail the cast, Measurement and Diagnosis 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.

CARPAL BRACE CASTING INSTRUCTIONS



Watch casting 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 the leg to just below the elbow. Overlap each layer no more than 2-3 times, cutting off any excess tape not needed. Do not squeeze paw together.



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 and Diagnosis Form and record all measurements in centimeters using a soft tape measure. Length Measurement 1 – elbow joint to carpal joint



Length Measurement 2 – carpal joint to floor



Length Measurement 3 – length of paw, include nails



Circumference Measurement 1 – at elbow joint



Circumference Measurement 2 – at mid forearm



Circumference Measurement 3 – at carpal joint mid forearm



On the back of the Measurement and Diagnosis 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 and Diagnosis Form, Intake Form and picture to:

My Pet's Brace
3508 East Main Street
Morgantown, PA 19543

CARPAL MEASUREMENT & DIAGNOSIS FORM

***READ INSTRUCTIONS ON PAGE 1 and 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"/> Carpal with Joints at Carpal			<input type="checkbox"/> Carpal without Joints	<input type="checkbox"/> Below Carpal	<input type="checkbox"/> Add Anterior Shell
<input type="checkbox"/> Carpal with Joints at Paw					
<input type="checkbox"/> Carpal with Joints at Carpal & Paw (+150)					
Diagnosis:			Notes/Other Instructions:		
Clinic Name:				Clinic Phone:	
Practitioner Name:			Practitioner Signature:		
Brace Color (See Color Chart):					

LENGTH MEASUREMENTS

CIRCUMFERENCE MEASUREMENTS

1) ELBOW AXIS TO CARPAL AXIS

 cm

1) AT ELBOW JOINT

 cm

2) CARPAL AXIS TO FLOOR

 cm

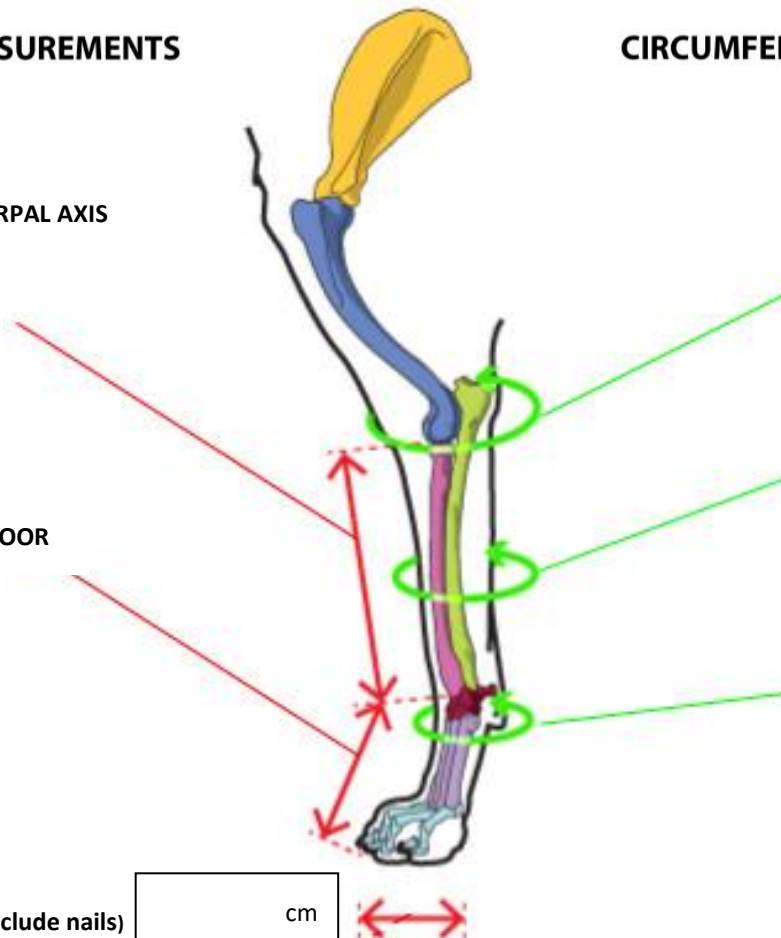
2) AT MID FOREARM

 cm

3) AT CARPAL JOINT

 cm

3) LENGTH OF PAW
(when flat on floor, include nails)

 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: _____ Affected Side/Brace For: Left Right Bilateral Gender: Male Female

Diagnosis/Injury: _____

DEVICE REQUESTED

Hind Leg: Knee Hock Below Hock

Front Leg: Carpal Below Carpal Elbow

Add Anterior Shell to Hind or Front Leg (for fractures and osteosarcomas)

DELIVERY INFORMATION

Ship Completed Brace To: Vet/Rehab Facility Pet Owner

Shipping Method (Shipping Completed Brace To You/Your Vet): UPS Ground- **Free** when shipping within USA

3-day 2-day Next day International: USPS 6-10 business days (≈\$40) USPS 3-5 business days (≈\$80)

Fabrication Time: Standard: 7 business days or less Expedite: 3 business days or less- additional \$150/brace

BILLING INFORMATION

Who To Bill: Vet/Rehab Facility Pet Owner

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

*If using Care Credit- mail copy of Care Credit card PLUS two forms of ID with this paperwork

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: _____