



3508 East Main Street  
Morgantown, PA 19543

Phone: 610-286-0018  
Fax: 610-286-0021  
Email: info@mypetsbrace.com

A comfortable and 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](http://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* and *Intake Form*.
- Step 4:** Mail the cast, *Measurement and Diagnosis Form* and *Intake Form* to My Pet's Brace in PA (address above).
- Step 5:** 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 6:** 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.

With the help of a custom brace, our goal is to help every dog live a happier life!

~ My Pet's Brace

## Elbow Casting Instructions

- 1) Watch casting video at [www.mypetsbrace.com/training-videos](http://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.
- 2) Have a bowl of lukewarm water, a sharp utility knife and a pair of bandage scissors readily available.
- 3) Position the dog in a normal/corrected standing position. There is no need to sedate the dog (unless there are extreme circumstances).
- 4) Have a helper position themselves on the opposite side of the injured leg and hold the stockinet and rubber tubing cutting strip with one hand and support the dog from sitting with the other hand.
- 5) Hold the casting tape underwater for 10 seconds, then squeeze water out three times.
- 6) **Start the cast by quickly wrapping the tape from the carpus to the axilla. Overlap each layer no more than 2-3 times, cutting off any excess tape not needed. Cut the cast off with a utility knife before the casting tape completely hardens (less than 4 minutes). Cut the stockinet off with the bandage scissors.**
- 7) Tape or rubber band the cast together without deforming the cast. Write the dog's name on the cast.
- 8) Complete *Measurement and Diagnosis Form* and record all measurements in centimeters using a soft tape measure.
- 9) Complete *Intake Form*.
- 10) 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.
- 11) Mail cast, ***Measurement and Diagnosis Form, Intake Form*** and picture to My Pet's Brace in PA (address above).

## ELBOW MEASUREMENT & DIAGNOSIS FORM

**\*READ INSTRUCTIONS ON PAGE 1. THIS IS PAGE 2. THIS PAGE IS TO BE COMPLETED BY THE VET/REHAB.**

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"/> Elbow with Joints <input type="checkbox"/> Elbow no Joints <input type="checkbox"/> Add Anterior Shell					
Diagnosis:			Notes/Other Instructions:		
Clinic Name:				Clinic Phone:	
Practitioner Name:			Practitioner Signature:		
Brace Color (See Color Chart):					



### LENGTH MEASUREMENTS

### CIRCUMFERENCE MEASUREMENTS

1) UNDER AXILLA  
TO ELBOW JOINT

 cm

2) AT ELBOW JOINT  
TO CARPAL JOINT

 cm

3) CARPAL JOINT TO FLOOR

 cm

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

 cm

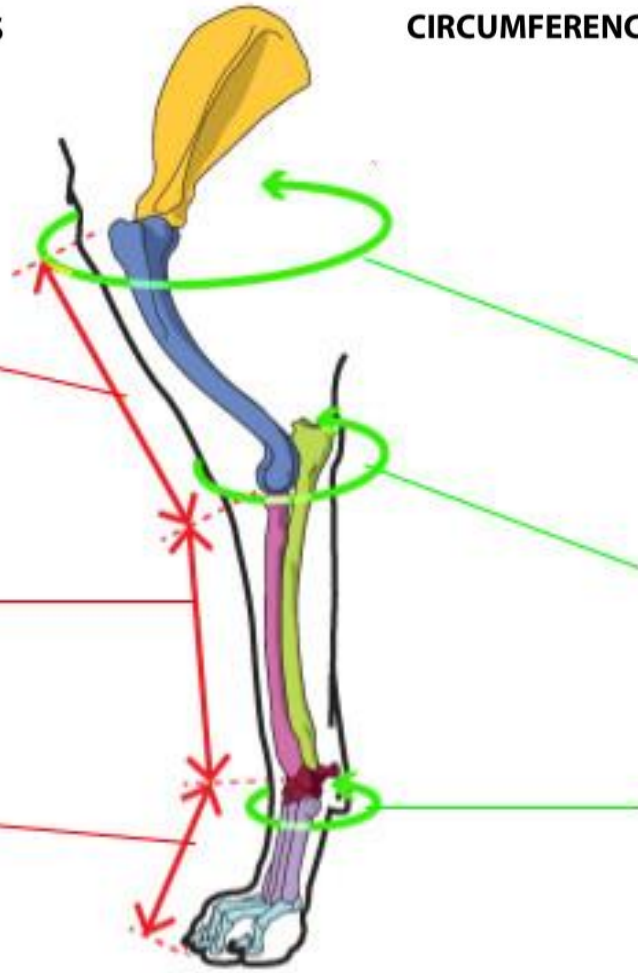
1) UPPER MOST CIRCUMFERENCE  
UNDER AXILLA

 cm

2) AT ELBOW JOINT

 cm

3) AT CARPAL JOINT

 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: \_\_\_\_\_