

TOE-UP CONTRACT FORM

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Center for Veterinary
Orthotics & Prosthetics

Owner Information

Client Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home: (____) _____ -- _____
Cell: (____) _____ -- _____
Day time: (____) _____ -- _____
Email: _____

Patient Information

Patient Name: _____
DOB: _____ Weight: _____
Canine: Feline: Other: Breed: _____
Laterality: LH: RH: Bilateral:
Sex: M: MC: F: FS:

I agree to the following:

- 1) I understand OrthoPets Toe-Ups are medical devices and should be used only under the direction of a veterinarian for the following sciatic nerve related conditions:
 - * Degenerative Myelopathy Spinal Trauma
 - * Fibrocartilagenous Embolus
 - * Intervertebral Disc Disease
 - * Neoplasia
- 2) I understand this device is only appropriate for patients that are able to bear weight on the affected limb with voluntary tarsus, stifle, and hip control. Independent patient weight bearing must be present.
- 3) I understand the OrthoPets Toe-Up device is intended to prevent trauma to the digits during activities through dorsiflexion of the paw.
- 4) I understand an initial break-in period is advised (ie. 10 minutes 4-6 times per day for 2 weeks.) This device should not be left on overnight and is suggested to be used for no more than 4 continuous hours without a break. Although uncommonly encountered when following a proper wearing schedule, I understand it is recommended to monitor digits for swelling.
- 5) I understand the OrthoPets Toe-Up should always be used in conjunction with the boot and attachment unless a rehab specialist is utilizing the Toe-Up sling during short (5 minute) rehab exercises under water.
- 6) I understand the OrthoPets Toe-Up is non-refundable.
- 7) I understand there is no warranty expressed or implied on the OrthoPets Toe-Up.
- 8) I understand there are no adjustments included with the purchase of an OrthoPets Toe-Up device.



Owner Signature: _____

Date: _____