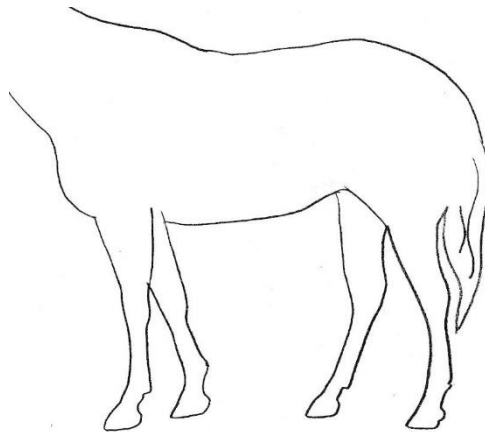


Order Form for Custom Brace

*Print this form, then fax, email, or call us with the information.
(Addresses at bottom of page) We will call to confirm when we receive it.*

Description of injury:

Special Considerations:



Mark any areas of concern above

Name of horse: _____ Age: _____ Weight _____

Indicate leg(s): Front Left ___ Front Right ___ Back Left ___ Back Right ___

Date: _____ Length of brace in inches: _____

Veterinarian: _____ Tele: _____

Owner: _____ Tele: _____

Ship To:

Bill To: