

Pet Mobility Rehab Center – Pet MRC

Pet Wheelchair Order Form

Billing Information

Name: _____ Address: _____
 City: _____ State/Province: _____ Zip Code: _____
 Day Phone: _____ Eve Phone: _____ Fax: _____
 Email Address: _____
 Vet's Name _____ Phone _____ Address _____ Website _____
 How did you hear about us? _____

Shipping Information

Same as Billing?

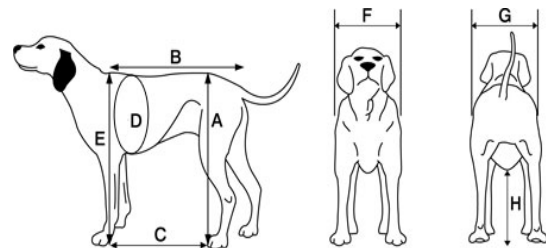
Name: _____ Address: _____
 City: _____ State/Province: _____ Zip Code: _____
 Day Phone: _____ Eve Phone: _____ Fax: _____

Your Pet's Information

Breed: _____ Pet's Name: _____ Age: _____ Sex: _____ Neut. /Spay: Y N
 Current Weight: _____ Prior Weight: _____ Overweight? (Amount): _____ Underweight? Amount): _____
 Cause of Immobility: _____ Front Leg Strength (strong, moderate, etc.): _____
 Surgeries (Date and Type): _____
 Fractured Back Location: _____ Amputee (Which Leg & Stump?): _____
 Total Hind Leg Paralysis Y N for how long? _____ Able to Move Hind Legs? Y N Stand? Y N Take Steps? Y N
 Overall Health/Comments: _____

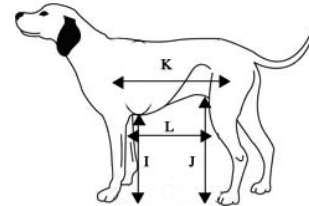
Measurements for Cart Orders

- A. Rear Height from top of hips to floor.
- B. Length of back from shoulders to base of tail.
- C. Inside distance from heel of the front foot to toes on the back foot
- D. Girth or circumference around the chest
- E. Front height from top of shoulders to floor
- F. Width of shoulders straight across
- G. Width of hips straight across
- H. Groin to the floor



Additional Measurements for Fully Supportive Cart:

- I. Height of front leg, chest to floor
- J. Height of hind leg, groin to floor
- K. Point of shoulders to point of hips
- L. Length of Abdomen



A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____

Criteria for Successful Use of a Pet Wheelchair

- **General health should be excellent.**
- **Strong front legs (should be able to go up and down a couple of steps with front legs while rear legs are being supported) needed for use of a standard 2-wheel cart.**
- **Weight should be reasonable for breed and age of pet.**
- **Your pet must have the desire for increased mobility**
- **If you are not sure whether your pet is a candidate for a cart, please call our qualified staff.**

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Qty	Description	Products Ordered Unit Price	Extended Price
		Shipping	_____
		WA State Tax	_____
		Total	_____

Release package without signature? Y N

Payment Information

Credit Card # _____ Expiration Date _____
 Signature: _____ Date _____

Returns and Refund Policy

Thank you for choosing Pet MRC. Our goal is to have happy pets and happy, satisfied, customers. Your pet's care is important to us and we will make every effort to make sure that you are 100% satisfied with the products and services we offer.

Pet Wheelchairs

Standard Two-Wheel Cart & Amputee Carts

We offer a 15-day trial period for our 2009 S-Model Wheelchair and our Amputee Carts. This will give your pet plenty of time to try out its new cart.

Please Note: We will extend the 15-day trial period if we are waiting to receive photos or videos to help us address concerns about your pet's cart.

Refund Policy

1. Call us for a Return Authorization before shipping your cart.
2. You will be refunded 85% of the cost of the Two-Wheel Cart as long as the cart is returned within 15 days, clean, and in like new condition. Amputee Carts will be refunded 70%.
3. Charges will be applied if the cart is returned in less than new condition (needs cleaning, refurbishing, or repairs).
4. Shipping charges are non-refundable.

Non-Refundable Pet Wheelchairs – We're sorry we are unable to offer a refund on these wheelchairs as they are specially designed for each pet.

- Four-Wheel Carts (fully supportive)
- Front Extension Carts (80% supportive)
- Specialty Carts
- Carts made for any pet other than a dog or cat

Warranty – Your pet wheelchair comes with a one-year warranty against defects or broken parts (with the exception of normal wear and tear on the paintwork, girth straps, leg slings, leg assembly and wheels). Please contact us and we will determine whether your pet wheelchair needs new parts or replacement. You are responsible for shipping charges.

I AGREE TO THE RETURNS AND REFUND POLICY

Customer Signature: _____ Date: _____

For Office Use Only:

A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____

Additional Information Needed: _____

H _____	G _____	CD _____	Front Leg Height _____
L _____	GR _____	WH _____	Rear Leg Height _____
D _____	W _____		Mid-Shoulders to Mid-Hip _____