



PALS

Pet Artificial Limbs & Supports

Custom Orthotic & Prosthetic Devices For Your Pet

Custom Orthosis Measurement Form

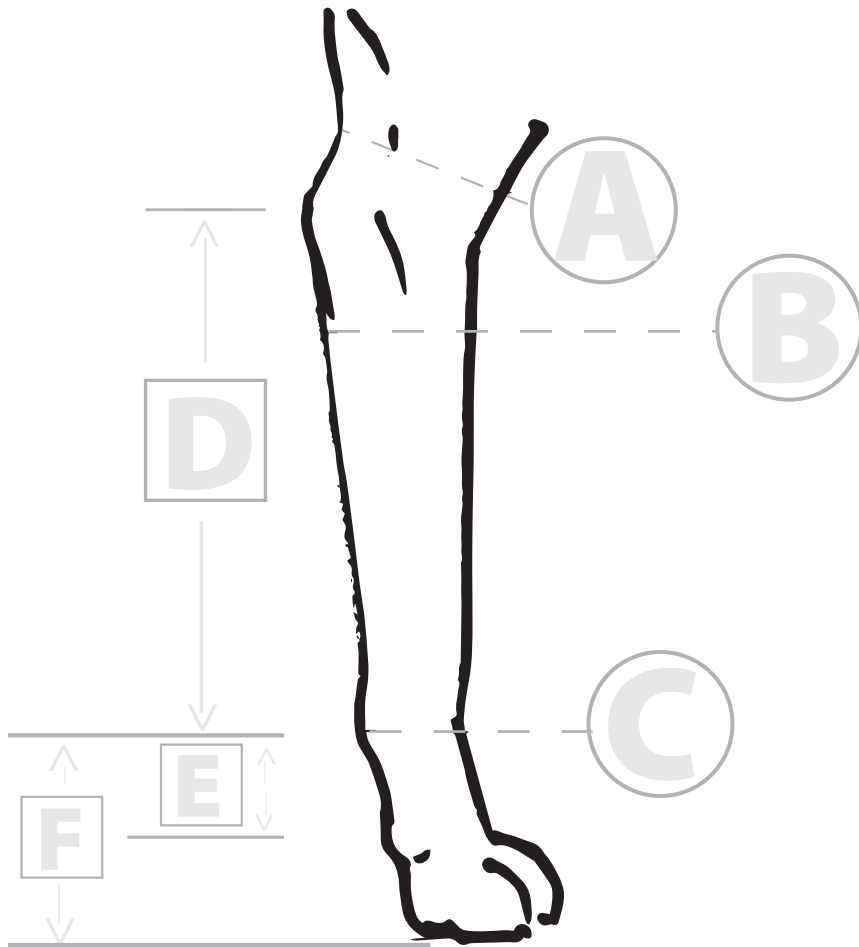
Front view and side view digital pictures are required. Send to info@palsouston.com

Name: _____ Date: _____

Breed: _____ Weight: _____

Injury / Surgery type: _____

Circle: **Left / Right**



Directions: Please fill in all circles and boxes as accurately as possible.

A. Above elbow circumference

*just above olecranon

B. Upper forearm circumference

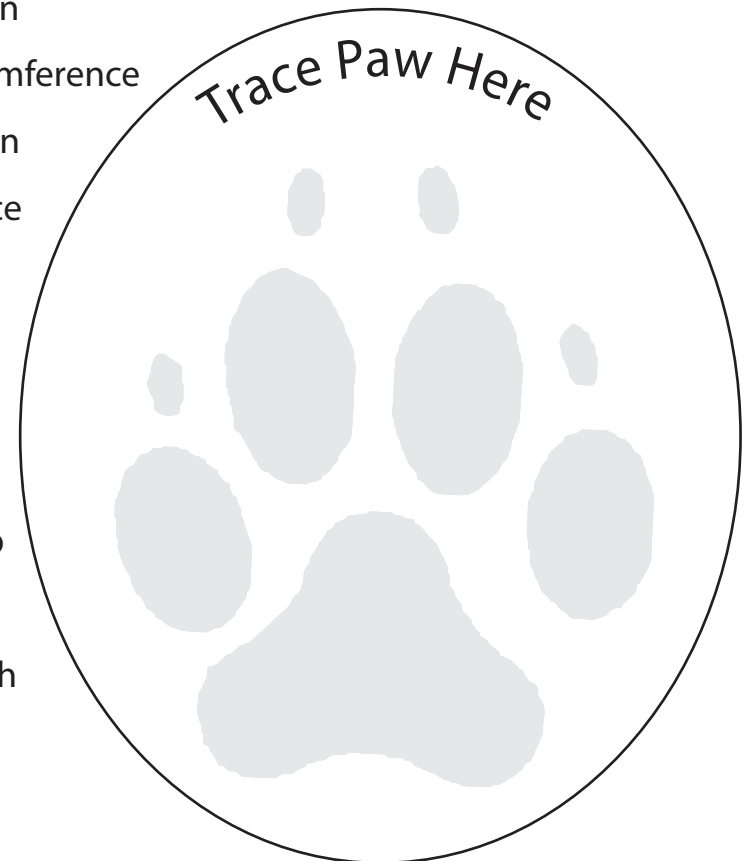
*just below olecranon

C. Carpus circumference

D. Olecranon to carpus length

E. Carpus to metatarsal head length *just above the dorsal/top surface of the paw

F. Carpus to floor length



Measurements: **Inches / cm**

*Please mail this form with cast to 4430 McDermed Dr., Houston, TX 77035