Contact Information
Name __________________________ Email __________________________ Phone __________________

Pet Information
Breed __________________________ Pet’s Name ___________________ Age ____________
Sex ______ Neutered/Spay? ______ Current Weight __________ Previous Weight ____________
Cause of immobility ____________________________ If Amputee; which leg __________ Forelimb Strength?
Rear Support _______ Full Support ________ Strong, Moderate, or Weak.

Height from top of back to floor ______________
Length from midpoint of shoulders to midpoint of hips ________________
Width of body straight across at widest point ________________
Girth/Circumference all the way around chest and largest point ________________