

OrthoPets Toe-up Customer Contract



1. I understand that OrthoPets Toe-ups are medical devices and should be Used only on direction of a veterinarian for the following sciatic nerve related conditions:
 - Degenerative Myelopathy
 - Spinal Trauma
 - Intervertebral Disk Disease
 - Neoplasia
 - Fibrocartilagenous Embolus
2. I understand that this device is only appropriate for patients able to independently bear weight on the intended limb (i.e. voluntary hock, stifle, and hip extension are present)
3. I understand that the OrthoPets Toe-up is intended to prevent trauma to the digits during activity. Furthermore, I understand an initial break-in period is advised: (For example 10 minutes 4-6 times per day for 2 weeks). The device should not be left on overnight and is suggested to be used for no more than 1 continuous hour without a break, even after break-in. Although uncommonly encountered when using proper wearing schedule, I understand it is recommended to monitor toes for swelling and inter-digital tissue irritation.
4. I have received a referral and diagnosis from my veterinarian within the last one month for this case. All reasonable options have been explained to me and I choose to use an OrthoPets Toe-up Device.
5. I understand the OrthoPets Toe-up is a non-refundable product.
6. I understand UNUSED devices in the original packaging may be returned for a partial refund (restocking fee of 30% of the price paid to OrthoPets). Shipping will be at my cost.
7. There will be no refund given if OrthoPets observes ANY evidence of use.
8. I understand that there is no warranty, expressed or implied, on the OrthoPets Toe-up.

Printed Owner's Name _____ Date _____

Owner's Signature _____