



## Veterinary Clinic Toe-Up Inventory Order Contract

1. I understand OrthoPets Toe-Ups are medical devices and should be used only under the direction of a veterinarian for the following sciatic nerve related conditions:
  - Degenerative Myelopathy
  - Spinal Trauma
  - Intervertebral Disc Disease
  - Neoplasia
  - Fibrocartilagenous Embolus
2. I understand this device is only appropriate for patients able to independently bear weight on the intended limb (ie. Voluntary tarsus, stifle and hip extension are present).
3. I understand the OrthoPets Toe-Up Bootie is intended to prevent trauma to the digits during activity. Furthermore, I understand an initial break-in period is advised (ie. 10 minutes 4-6 times per day for 2 weeks) **This device should not be left on overnight and is suggested to be used for no more than 4 continuous hours without a break.** Although, uncommonly encountered when following a proper wearing schedule, I understand it is recommended to monitor digits for swelling.
4. I understand I am taking responsibility for any patients that are prescribed an OrthoPets Toe-Up Device. I understand OrthoPets is only a fabricator for these devices and will not take patient responsibility for Toe-Ups that are ordered as inventory supply.
5. I understand the OrthoPets Toe-Up should always be used in conjunction with the bootie unless a rehab specialist is utilizing the Toe-Up during short (4-5 minute) rehab exercises under water.
6. I understand the OrthoPets Toe-Up is neither refundable nor exchangeable for inventory supply.
7. I understand there is no warranty expressed or implied on the OrthoPets Toe-Up.
8. I understand there are no adjustments included with the purchase of an OrthoPets Toe-Up Device.

Clinic Name \_\_\_\_\_  
Clinic Address \_\_\_\_\_ Clinic Phone # \_\_\_\_\_  
Veterinarian Name (print) \_\_\_\_\_  
Veterinarian Signature \_\_\_\_\_ Date \_\_\_\_\_