



PAWSTHESIS

Hundeprothesen

Registration form for prostheses, orthoses and other aids

Personal information

Please leave unknown or inappropriate fields empty!

Salutation:	<input type="radio"/> Madam	<input type="radio"/> Sir	<input type="radio"/> Other	Email:	<input type="text"/>
Title:	<input type="text"/>	Street:	<input type="text"/>		
Forename:	<input type="text"/>	House number:	<input type="text"/>		
Surname:	<input type="text"/>	Postal code:	<input type="text"/>		
Telephone (private):	<input type="text"/>	Place:	<input type="text"/>		
Telephone (mobile):	<input type="text"/>	Land:	<input type="text"/>		

Informationen about your dog

Bitte provide all data, including date of birth and time of amputation, as precisely as possible. If this is not possible, you can also specify an approximate value (e.g. "March 2020") or a time period (e.g. "5-7 years ago").

Please leave unknown or inappropriate fields empty!

Name:	<input type="text"/>	Date of amputation:	<input type="text"/>
Sex:	<input type="radio"/> male <input type="radio"/> female	Chest measurement:	<input type="text"/> cm
Date of birth:	<input type="text"/>	Front leg height:	<input type="text"/> cm
Weight:	<input type="text"/> kg	Back leg height:	<input type="text"/> cm
Breed:	<input type="text"/>	Are you visiting an animal physiotherapist/veterinarian due to the leg amputation?	<input type="radio"/> yes <input type="radio"/> no

Unfortunately, it is not possible to list or query all conceivable clinical pictures in this form. If the given answer options do not apply to your animal, please use the answer option "Other" and describe the present clinical picture or problem in the empty fields. Please leave unknown or inappropriate fields empty!

Type of clinical picture:

- Complete amputation of one limb
- Complete amputation of multiple limbs
- Partial amputation of one limb
- Partial amputation of multiple limbs
- Combination of fully/partially amputated limbs
- Poor posture of one or more limbs
- Malformation of one or more limbs
- Injury to one or more limbs
- Further information or other clinical picture:

Position of the affected limb(s):

- Front left Front right
- Back left Back right
- Other (e.g. multiple amputations):

Diseases and consequential damage (e.g. due to amputation or deformity):

Further remarks / information for the supply (e.g. special requirements, upcoming operations, express delivery desired, etc.):

If you would like to tell us anything else about yourself or your dog ☺ (e.g. how long have you been a dog owner? Is this your first handicapped dog? Do you have any other dogs? Are you active in an animal welfare association?)

Please send the completed registration form with at least two pictures of your dog to kontakt@pawsthesis.de. In a picture, your dog should be seen from the side. Another picture should show the residual limb or the part of the body to be treated.

Optional information:

1. Would you like to be informed about news about Pawsthesis? Subscribe to our newsletter:
2. I hereby agree that Pawsthesis may use and publish my dog's pictures *2:

*2 Only images in which no persons can be identified will be used and published.