

PRACTICE INFORMATION

Name of Veterinarian:

Name of Practice:

Address:

Address:

City: State Zip code

Phone:

Email:

☐ Please add us to your mailing list, so that we receive news of special offers and discounts, as well as new and updated products.

Patient Information

Patient name:

Owner last name:

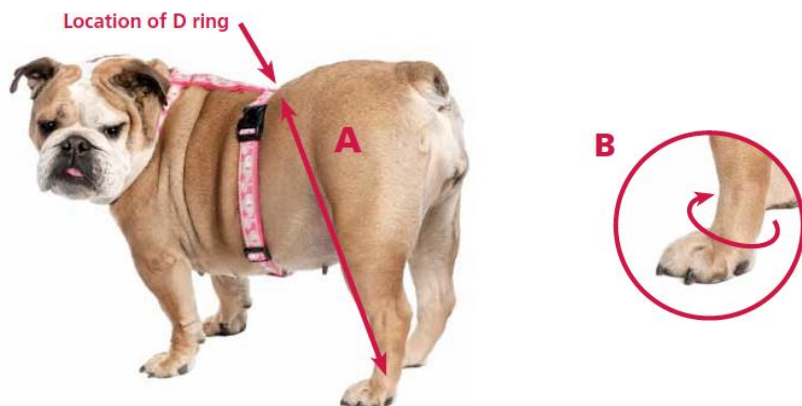
Age: Breed:

Diagnosis/condition:

Measurements (inches/cm) left right

Band length (A)

Metatarsal circum (B)



ORDERING INFORMATION

Description	Price	Qty	Total
Biko Individual Kit	\$225*		
Biko PR Bands Practice Therapy Kit	\$630		
Biko PR Band/Padded Cuffs-individual sets	\$75/\$40		
Shipping (\$10/Individual, free for practice kit)			
Total			

*Professional courtesy offered to veterinary healthcare professionals

Credit Card Information

Name on Card:

Address:

Address:

City: State Zip code

Card Type: Visa ☐ Mastercard ☐

Card Number:

Exp Date Security Code:

Shipping Information

☐ To the Practice Address ☐ To a Different Address

Owner name:

Address:

Address:

City: State Zip code

Phone:



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