

# Order Form



Call: 406-582-0225 or 877-390-RUFF

Fax: 877-395-RUFF

Mail Order Form: 107 Flathead Ave, Bozeman, MT 59718

**Please tell us about you:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 Day Phone \_\_\_\_\_  
 Evening or Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Fax \_\_\_\_\_

**Ship To:**

Name \_\_\_\_\_  
 C/O \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Zip \_\_\_\_\_

**Please tell us about your dog:**

Name \_\_\_\_\_  
 Breed \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_  
 Neutered? \_\_\_\_\_  
 Cause of disability \_\_\_\_\_  
 Any other health Conditions? \_\_\_\_\_  
 Front Legs Strong? 

Strong	Moderate	Poor
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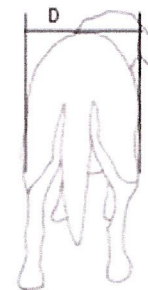
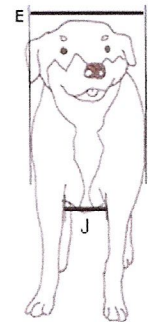
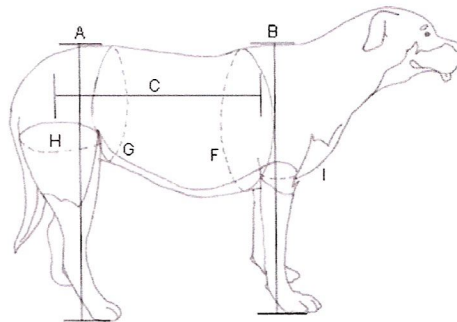
  
 Anything else you want to tell us about your dog? \_\_\_\_\_

Any Spinal Surgery? \_\_\_\_\_ If yes, when? \_\_\_\_\_  
 Fractured Back? \_\_\_\_\_ If yes, when? \_\_\_\_\_  
 Amputee? \_\_\_\_\_ Which Leg? \_\_\_\_\_  
 Is he/she totally paralyzed? \_\_\_\_\_  
 Able to take steps? \_\_\_\_\_ Stand? \_\_\_\_\_  
 Overweight? Underweight? \_\_\_\_\_

**Measurements for Rear Wheel Wheelchair**

**Hint!** Have someone help you, by assisting you to lift your dog

- A. Rear Height (top of hips to floor) \_\_\_\_\_
- B. Front Height (top of shoulders to floor) \_\_\_\_\_
- C. Length (behind front leg to center point of thigh) \_\_\_\_\_
- D. Width across hips \_\_\_\_\_
- E. Width across shoulders \_\_\_\_\_
- F. Circumference around chest (behind front legs) \_\_\_\_\_
- G. Circumference around abdomen (in front of rear legs) \_\_\_\_\_
- H. Circumference of upper thigh \_\_\_\_\_



**Additional Measurement for Full Support Wheelchair or Front Wheel Wheelchair**

- I. Circumference of upper front leg \_\_\_\_\_
- J. Inside width between armpit to armpit \_\_\_\_\_

**Order Form and Payment Method**

**Payment Method: We accept Visa, MasterCard, Discover, Amex, Check, or Money Order**

Product Desired	Quantity	Price
		\$
		\$
	Product Total	\$
	Shipping	\$
	Grand Total	\$

Your Payment Method \_\_\_\_\_  
 Name on Card \_\_\_\_\_  
 Credit Card Number \_\_\_\_\_  
 Exp Date \_\_\_\_\_ 3 digit # back of card \_\_\_\_\_  
 Signature \_\_\_\_\_

Please sign here if you have read and agree to return policy \_\_\_\_\_