Pet Parent Agreement

I agree to receive communication, including informational materials, from WIMBA at the following email address. These materials will include instructions on how to care for and use the WIMBA orthotic device, as well as other essential information to ensure the best use of the device. I commit to reviewing all provided materials thoroughly.

I understand that the orthotic device is a medical device and the beginning of my pet's rehabilitation journey. I have received all necessary information for the best use of the device.

Email:

_____

Owner's Signature:

_____

Date:

_____

Pet's Name:

_____

Please ensure to sign and return this document to your veterinarian.

Thank you for choosing WIMBA Orthotics for your pet's care.