Pet Parent Acknowledgment and Liability Waiver

For Use of Orthotic or Prosthetic Device Outside of Indications or Activity Restrictions

This form serves as acknowledgment that the orthotic or prosthetic device being provided for the patient named below has been prescribed based on specific indications and guidelines for safe use. Any deviation from those recommendations may result in harm to the patient and voids any support, service, or warranty protection from WIMBA.

Pet Name: _____

Device Ordered: _____

Prescribing Provider: _____

Date: _____

By signing below, I confirm that I understand and agree to the following:

1. The prescribed device is intended for use as directed by the prescribing veterinary provider and within WIMBA's intended indications and activity restrictions.

2. If I choose to allow or encourage use of the device in a manner inconsistent with the recommended indications or activity restrictions, including but not limited to higher levels of activity, unsupervised use, or application to conditions outside of the intended scope, I do so at my own risk.

3. I understand that improper use of the device may result in serious injury, worsening of my pet's condition, device failure, or other complications. WIMBA strongly advises against any deviation from approved usage guidelines.

4. I acknowledge that using the device outside of recommended parameters will void any applicable warranty, and WIMBA, its team members, and affiliated providers are not responsible for any injuries, setbacks, or damages that may result.

5. I release WIMBA, its employees, partners, and representatives from all liability associated with unauthorized or improper use of the device, and waive any right to pursue claims, complaints, or legal action in connection with such use.

6. I understand that I may contact WIMBA or my veterinary provider at any point with questions about appropriate use or to request additional guidance regarding activity restrictions and follow-up care.

Pet Parent Name (Print): _____

Signature: _____

Date: _____