



OrthoPets Hobbles Vest Customer Contract

Client Responsibilities

1. The customer is responsible for reviewing posted information on www.orthopets.com regarding returns, shipping, refunds, privacy policy, and terms and conditions.
2. Customer must receive a referral and diagnosis from their DVM, within the last two (2) months for this case. All reasonable options have been explained and customer has chosen to use an OrthoPets Orthopedic Device.
3. This contract strictly applies to the device(s) you are receiving at this time, and new contract will be needed for any additional device(s) or products.
4. Failure to contact OrthoPets, infrequent, or non-use of a device does not absolve the owner from the responsibility for payment of any adjustment, refurbishment, or remake of a device.
5. It is in the client's responsibility to communicate with OrthoPets immediately to resolve any concerns as efficiently as possible.

Warranty

1. OrthoPets stands behind the products we fabricate. To the best of our ability, we will resolve any issues that may arise.
2. OrthoPets Hobbles Vests are non-returnable and non-refundable.
3. There are no adjustments included with the purchase of the Hobbles Vest.

Shipping/Costs/Payment

1. OrthoPets utilizes FedEx shipping only. **DUE TO THIS BEING A PRESCRIPTION DEVICE, IT MUST BE SENT DIRECTLY TO YOUR VETERINARIAN.**
2. **Customer is responsible for ALL shipping costs. This includes to and from OrthoPets.**
3. International Shipping: The client is responsible for all shipping charges to and from OrthoPets, as well as any associated interaction, sales tax, and duties. OrthoPets will initially charge \$65 for shipping. The remaining shipping balance will be charged within two (2) weeks of shipment using the credit card on file. The invoice will then be emailed to the client.
4. There will be a charge for any modifications/adjustments made
5. This device cannot be returned to OrthoPets. **No refunds will be made.**
6. In the event the device is lost, the customer is responsible for all replacement costs.

Owner's Name (print) _____ Date _____

Owner's Signature _____