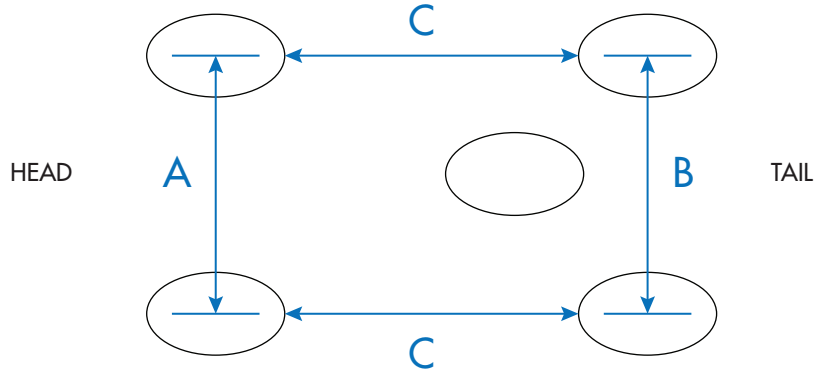


CUSTOM SLING



Date: _____

Institution: _____

Name: _____

Phone: _____

Fax: _____

Email: _____

CUSTOM SLING MEASUREMENT FORM

***Measurements (Please specify inches or centimeters).**

1. Animal Species : _____
2. Strain : _____
3. Weight (specify lbs or kg) : _____
4. Sex (male/female) : _____
5. (A) Distance Between Front Legs : _____
6. (B) Distance Between Rear Legs : _____
7. (C) Distance Between Front and Rear Legs : _____
8. Circumference of Front Legs : _____
9. Circumference of Rear Legs : _____
10. Anticipated Weight Gain During Study (specify lbs or kg) : _____
11. Length of animal (nape of neck to tail) : _____

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