

Mayo Veterinary Services

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Ship/Bill To Address:

Doctor Name _____
Clinic Name _____
Address _____
City _____ State _____ Zip _____
Phone Number _____
Email address _____ @ _____

I would like to order

_____ copies of Tibial Tuberosity Advancement DVD @ \$150 each

_____ pre-assembled TTA stifle model(s) @ \$350/each

_____ copies of Tibial Plateau Leveling Osteotomy DVD @ \$150 each
(includes right and left stifle videos)

_____ pre-assembled TPLO stifle model(s) @ \$300 each

_____ copies of TTA notes (\$10 with DVD) or \$25 (approximately 45 pages)

Please mail payment to address above, make checks out to Jeff Mayo

Please fax orders to 425.608.2689

Would you like an estimate for TTA training in your hospital? _____

Would you like an estimate for TPLO training in your hospital? _____

Would you like your name added to a list for the next available formal course? ____

Your Signature _____ Date _____