PHYSIO-TECH®

QUOTATION FORM

Thank you for filling out the form below and returning it to PHYSIO-TECH.

Date: ..... * required fields

Clinic/Practice: .....

You are?: Veterinary surgeon ☐ Physiotherapist ☐ Other ☐

Title:* Mrs. Name:* ..... First name: .....

Address:* .....

Zip Code:* ..... City* ..... Country:.....

Phone..... Fax: ..... E-mail:* .....

Website .....

Please send me a quotation for an underwatertreadmill with the following options :

EQUIPMENT	MODELS		
	XXL ☐	Comfort ☐	DeLUXE ☐
HEATING	✓	✓	✓
TREADMILL REVERSE	✓	✓	✓
TREADMILL SPEED AJUSTABLE	✓	✓	✓
GAS SPRING FOR ENTRANCE DOOR	✓	✓	✓
RUBBER MAT FOR ENTRY	✓	✓	✓
RETRACTABLE STEPS	✓	✓	✓
UNDERWATER MASSAGE	✓	✓	✓
ELEVATION FOR SMALL DOGS	✓	✓	AUTOMATIC
TREADMILL INCLINATION	✓	AUTOMATIC	AUTOMATIC
INTERNAL FILTER	✓	✓	✓
EXTERNAL FILTER WITH UV LAMP	✓	✓	✓
COUNTER FLOW SYSTEM	☐	☐	✓
FRAME FOR TETHERS AND HARNESS	☐	☐	✓
SOFTWARE AQUA PC	☐	☐	✓
SOFTWARE AQUA PRAXIS	☐	☐	☐
ACCESSORY RACK	☐	☐	✓

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