

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: * Name:* First name:

Address:*

Zip code: City:* Country:

Phone: Fax: E-mail: *

Website:

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

EQUIPMENT	MODELS		
	XXL <input type="checkbox"/>	Comfort <input type="checkbox"/>	Premium <input type="checkbox"/>
HEATING	✓	✓	✓
TREADMILL REVERSE	✓	✓	✓
TREADMILL SPEED ADJUSTABLE	✓	✓	✓
INTERNAL FILTER	✓	✓	✓
EXTERNAL FILTER WITH UV LAMP	✓	✓	✓
RUBBER MAT FOR ENTRY	✓	✓	✓
EXTRACTABLE STEPS	✓	✓	✓
ELEVATION FOR SMALL DOGS	✓	✓	AUTOMATIC
TREADMILL INCLINATION	✓	AUTOMATIC	AUTOMATIC
CLEANING POSITION	✓	✓	AUTOMATIC
UNDERWATER MASSAGE	✓	✓	✓
COUNTER FLOW SYSTEM ONE NOZZLE <input type="checkbox"/> TWO NOZZLES <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRAME FOR TETHERS AND HARNESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOFTWARE AQUASOFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCESSORY RACK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>