

**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"/>