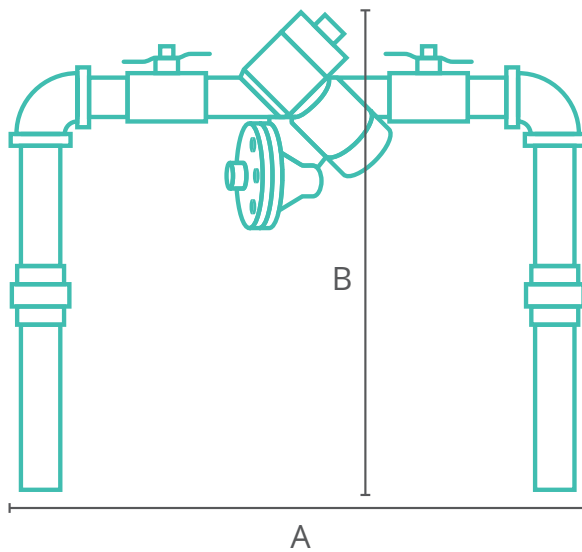


BACKFLOW BAGMAN

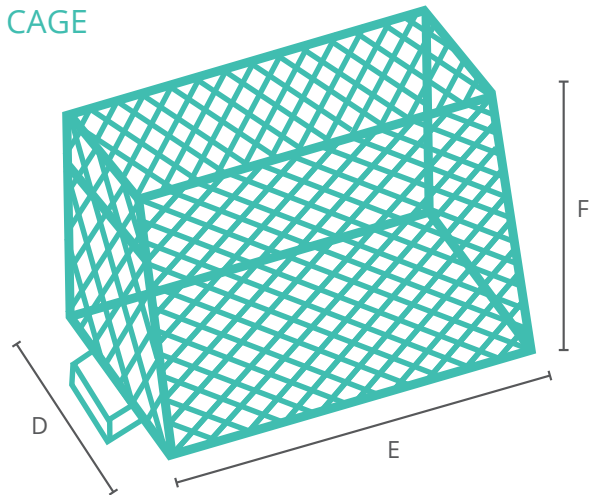
Measuring Tool

SMALL DEVICE CAGE FORM

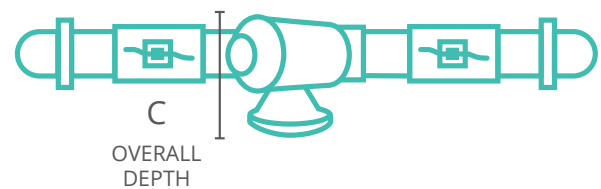
SMALL DEVICE SIDE VIEW



CAGE



SMALL DEVICE TOP VIEW



Personal Information

| | | | |
|--------------|-------|---------------|--|
| FIRST NAME | | LAST NAME | |
| PHONE NUMBER | | EMAIL ADDRESS | |
| ADDRESS | | | |
| CITY | STATE | ZIP CODE | |

I certify that the above listed measurements are the actual dimensions of the device in the field.

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

Device/Cage Measurements

| |
|--|
| MEASUREMENT A |
| MEASUREMENT B |
| MEASUREMENT C |
| MEASUREMENT D |
| MEASUREMENT E |
| MEASUREMENT F |
| SPECIFY A CAGE SURFACE: <input type="checkbox"/> DIRT <input type="checkbox"/> EXISTING PAD <input type="checkbox"/> CONCRETE PAD |

Mail completed form to: 11251 Coloma Road, Gold River, CA 95670

Need help? Call 916.524.3109 to schedule a free appointment.