



DogLeggs for Amputees - \$131.00 ea  
1601 Washington Plaza N., Reston, VA 20190  
800-313-1218 • 703-715-0300 • fax: 703-391-9333

**CLINIC INFORMATION (print clearly)**

Name of Clinic: \_\_\_\_\_ Phone \_\_\_\_\_  
Veterinarian \_\_\_\_\_ Email \_\_\_\_\_  
Clinic address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

**BILLING INFORMATION (print clearly)**

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Code \_\_\_\_\_ *(required) 3 or 4 digit security*  
Signature \_\_\_\_\_ Phone \_\_\_\_\_  
Who's card is this *(Please circle one)* Clinic card or Client card  
Billing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

**SHIPPING INFORMATION (print clearly)**

Ship to: \_\_\_ CLINIC \_\_\_ OWNER \_\_\_  
Ship by: \_\_\_ FedEx Ground(\$10.50) \_\_\_ Overnight \_\_\_ 2-Day \_\_\_ 3-Day \_\_\_ International  
Ship to address (if different than card) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

**PET & OWNER INFORMATION (print clearly)**

Owner's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Email address \_\_\_\_\_  
Dog's Name: \_\_\_\_\_  
Dog's Breed: \_\_\_\_\_ Age \_\_\_\_\_  
Diagnosis \_\_\_\_\_  
Does dog have: \_\_\_ Cushing's Disease \_\_\_ Addison's Disease \_\_\_ Compromised auto-immune system  
\_\_\_ Severe skin allergies \_\_\_ Long-term Prednisone therapy

**MEASUREMENTS: Inches or centimeters (print clearly)**

This product is done in two phases, a prototype and them final version.

REMAINING LEG: \_\_\_ LEFT \_\_\_ RIGHT  
#1 \_\_\_\_\_ Measure from the point of elbow to spine  
#2 \_\_\_\_\_ Measure around your dog's leg at the point of elbow.  
#3 \_\_\_\_\_ Measure around your dog's leg 4 inches below the point of elbow.  
#4 \_\_\_\_\_ Measure from the point of elbow to the top of paw.  
#5 \_\_\_\_\_ Measure around dog's neck at base of neck  
#6 \_\_\_\_\_ Measure around dog's chest immediately behind front leg (deepest point of chest)

