



CARPAL SUPPORT ORDER FORM

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 (print clearly)

DogLeggs' Carpal Support: \$43.30 each (\$51.25 lined)

Which Leg: LEFT _____ RIGHT _____

Size: _____ 1.) measure around dog's leg at middle of carpus.
 _____ 2.) measure from top of paw to middle of carpus
 _____ (Y/N) Extra Stabilization Straps for increased support

OrthoPlast Splinting Kit for Carpal Support:
*By veterinary prescription only.
Ships only to clinic.*
_____ \$36.45

