



ORDER FORM
 Custom Booties - \$42.95 ea
 2104 Thomas View Road, Reston, VA 20191
 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)

(required) 3 or 4 digit security

Credit Card # _____ Exp. _____ Code _____
 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

MEASUREMENT

Have the dog stand on a piece of paper and trace around the paw. Use drawing for #2 and #3 and FAX tracing to 703-391-9333 with your name, phone number and the name of your dog

PLACEMENT: ___ Front (Right/Left) (Does dog have dew claws ___ Yes ___ No) ___ Rear (Right/Left)

MEASUREMENTS:

#1 _____ With your dog standing on the tape measure, measure around your dog's foot at the widest weight bearing point.
 #2 _____ Measure the bottom of the foot from front to back.
 #3 _____ Measure the bottom of the foot from left to right.
 #3 _____ **For front Legs:** Measure from the floor to 1" above the pad at the back of the leg above the paw.

