



ORDER FORM
 FRONT LEG WRAP - \$58.95 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)

(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

MEASUREMENTS: inches or centimeters

WHICH LEG: LEFT/RIGHT/Both* _____
 #1 _____ Measure around your dog's leg at the middle of the carpus (wrist)
 #2 _____ Measure from top of paw to middle of carpus
 #3 _____ Measure from top of paw to top of lick granuloma
 * If both enter each measurement on the line L/R. For example 3.5/3.75 is 3.5 on the left and 3.75 on right

