



**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)**

DogLeggs Standard Length Adjustable DogLeggs: \$127.95 per pair  
#1 \_\_\_\_\_ Measure from the point of elbow on one side of your dog, over the back to point of elbow on opposite side of your dog.  
#2 (L) \_\_\_\_\_ (R) \_\_\_\_\_ Measure around both your dog's left and right legs at the point of elbow.  
#3 (L) \_\_\_\_\_ (R) \_\_\_\_\_ Measure around both your dog's left and right legs, 4 inches below the point of elbow\*  
#4 \_\_\_\_\_ Measure from the point of elbow to TOP OF PAW  
#5 \_\_\_\_\_ Measure around leg just above paw  
  
\* If your dog's, one leg measures 6" or less from point of elbow to floor, measure around the leg half way between the elbow and top of paw.