



**DOGLEGGs FOR AMPUTEE ORDER FORM**

1601 Washington Plaza North, 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 code*

Credit Card #: \_\_\_\_\_ Expr: \_\_\_\_\_ Security 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 \_\_\_ 3-Day \_\_\_ 2-Day \_\_\_ Overnight \_\_\_ International  
Ship to address (if different than card): \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

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

Owner's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Pet's Name: \_\_\_\_\_ Pet's Breed: \_\_\_\_\_ Age: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_  
Does pet have: \_\_\_ Cushing's Disease \_\_\_ Addison's Disease \_\_\_ Compromised immune system  
                  \_\_\_ Severe skin allergies \_\_\_ Long-term steroid therapy \_\_\_ Diabetes

**MEASUREMENTS: (CIRCLE ONE) Inches Centimeters (print clearly)**

<b>Remaining Leg:</b> _____ <b>Left</b> _____ <b>Right</b>	
#1 _____ Measure from the point of elbow the spine.	<i>It may be necessary to make this product in two phases, a prototype then a final. We will contact you if this is necessary.</i>
#2 _____ Measure around leg at the point of elbow.	
#3 _____ Measure around leg 4 inches below the point of elbow.	
#4 _____ Measure from the point of elbow to the top of paw.	
#5 _____ Measure around the neck at the base of the neck (where a collar would rest).	
#6 _____ Measure around the chest immediately behind the front leg (deepest point of the chest).	