



**DOGLEGG'S CUSTOM BOOTIES 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)**

Please fax this form along with a tracing of the paws in need of coverage. Trace only around the area that is touching the floor (include nails). If tracing multiple paws, please identify each tracing (left front, right front, left rear, right rear).  
#1 Measure the circumference of the paw (have pet stand on tape measure and measure around the paw).  
#2 Measure the length of the paw at its longest (front to back).  
#3 Measure the width of the paw at its widest (side to side).  
#4 For front paws, measure the length from the top of the paw to the middle of the carpus (wrist).

Measurement #	Left Front	Right Front	Left Rear	Right Rear
1				
2				
3				
4			N/A	N/A