



DOGLEGG'S FRONT LEG WRAP 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)

Which Leg (Circle one): _____ **Left** _____ **Right** _____ **Both***

#1 _____ Measure around your pet'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.
#4 _____ Measure from top of paw to point of elbow.

Does the wound extend right to or below the top of the paw? If yes, please contact us to discuss an alternative solution.

* 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