



DOGLEGG'S REAR LEG HOBBLE SYSTEM ORDER FORM

Available and ships to clinic only

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)

MUST BE PAID BY CLINIC OR VETERINARY PROFESSIONAL ONLY *(required) 3 or 4 digit security code*
 Credit Card #: _____ Expr: _____ Security Code: _____
 Signature: _____ Is this: _____ Clinic card _____ Veterinary professional's card
 Name as it appears on credit card: _____
 Billing address (if different than clinic): _____
 City: _____ State: _____ Zip: _____ Country: _____

SHIPPING INFORMATION (print clearly)

SHIPS TO CLINIC ONLY
 Ship by: _____ FedEx Ground _____ 3-Day _____ 2-Day _____ Overnight _____ International
 Ship to address (if shipping to a different clinic than above): _____

 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)

#1 (L) _____ (R) _____ Measure around each leg 1" above the point of the hock.
 #2 _____ Measure distance from point of hock to point of hock (with pet standing in position the hobbles are to maintain)