



DOGLEGGS' SWIM SNOOD 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)

#1 _____ Measure the circumference of the pet's head, including the ears (measure under the jaw and around head over the ears).
 #2 _____ Measure from immediately in front of the ears to the base of the neck.