



DOGLEGG'S TARSAL SUPPORT ORDER FORM

Veterinary Prescription Required

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)

Credit Card #: _____ Expr: _____ Security Code: _____ *(required) 3 or 4 digit 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: Left Right Both*
#1 _____ Measure around your pet's leg 2 inches above the point of the hock.
#2 _____ Measure around your pet's leg 1 inch above the point of the hock.
#3 _____ Measure around your pet's leg at the point of the hock.
#4 _____ Measure around your pet's leg at the top of the paw.
#5 _____ Measure from the point of the hock to the top edge of the metatarsal pad following the contour of the leg.

OrthoPlast Splinting Kit for Tarsal Support:

Ships only to clinic.

_____ Please contact our office if there is any deformity of the joint.

* 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