



DOGLEGGS' VELPEAU SLING 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)

Limb to be restricted: _____ Left _____ Right

#1 _____ Measure the circumference of the neck at the base of the neck (where the collar would rest).
 #2 _____ Measure around the uninjured leg at the top of the leg.
 #3 _____ Measure the circumference of the waist (just behind the last rib where it attaches to the spine).
 #4 _____ Measure from the base of the neck to the last rib (along the spine).
 #5 _____ Measure around the body and leg with the injured limb in place (as it will be positioned in the sling).