



**SHOULDER STABILIZATION ORDER FORM**

2104 Thomas View Road, Reston, VA 20191  
800-313-1218 • 703-715-0300 • fax: 703-391-9333

**CLINIC INFORMATION (print clearly)**

**Prescription Required**

Name of Clinic: \_\_\_\_\_ Phone \_\_\_\_\_  
Veterinarian \_\_\_\_\_ Email \_\_\_\_\_  
Clinic address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

**BILLING INFORMATION (print clearly)**

*(required) 3 or 4 digit security*

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ 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(\$10.50) \_\_\_ Overnight \_\_\_ 2-Day \_\_\_ 3-Day \_\_\_ International  
Ship to address (if different than card) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

**PET & OWNER INFORMATION (print clearly)**

Owner's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Email address \_\_\_\_\_  
Dog's Name: \_\_\_\_\_  
Dog's Breed: \_\_\_\_\_ Age \_\_\_\_\_  
Diagnosis \_\_\_\_\_  
Does dog have:    \_\_\_ Cushing's Disease    \_\_\_ Addison's Disease    \_\_\_ Compromised auto-immune system  
                         \_\_\_ Severe skin allergies    \_\_\_ Long-term Prednisone therapy

**MEASUREMENTS: Inches or centimeters (print clearly)**

DogLeggs' Shoulder Stabilization System: (*One pair Std. Length Adj. DogLeggs plus Shoulder Stab.Sys.*) \$114.45  
#1 \_\_\_\_\_ Measure from the point of elbow on one side of your dog, over the back to point of elbow on opposite side of your dog.  
#2 (L) \_\_\_\_\_ (R) \_\_\_\_\_ Measure around both your dog's left and right legs at the point of elbow.  
#3 (L) \_\_\_\_\_ (R) \_\_\_\_\_ Measure around both your dog's left and right legs, 4 inches below the point of elbow.  
#4 \_\_\_\_\_ Measure from the point of elbow to the floor