



Surgi-Sox PetLift Front N' Back ORDER FORM

2104 Thomas View Road, Reston, VA 20191
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 # _____ Exp. _____ Code _____ *(required) 3 or 4 digit security*
 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

SIZE:

Size	Chest	Price	Qty	Total	Size	Chest	Price	Qty	Total
Med	13-16.5"	\$65.85			2XL	27-33.5	\$131.70		
M/L	17-21.5"	\$98.70			3XL	30-37.5	\$131.70		
L	19-23.5"	\$98.70			4XL	36-45"	\$131.70		
XL	23-28.5"	\$98.70							
Order Total									

