



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: Inches or centimeters

Size	Chest	Price	Qty	Total	Size	Chest	Price	Qty	Total
Med	13-16.5"	\$54.90			2XL	27-33.5	\$109.30		
M/L	17-21.5"	\$82.15			3XL	30-37.5	\$109.30		
L	19-23.5"	\$82.15			4XL	36-45"	\$109.30		
XL	23-28.5"	\$82.15							
Order Total									