



SURGI-SOX TORSO ORDER FORM

1601 Washington Plaza N, 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 # _____ 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
XSmI	8-10"	\$32.95			XL	23-28.5	\$49.50		
Sml	10.12.5"	\$32.95			2XL, 2XL-B or 2XL-D	27-33.5	\$65.90		
Med	13-16.5"	\$32.95			3XL	30-37.5"	\$65.90		
M/L	17-21.5"	\$49.50			4XL	36-45"	\$65.90		
L	19-23.5"	\$49.50			5XL	42-47"	\$65.90		
Order Total									