



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

MEASUREMENTS: Inches or centimeters (print clearly)

DogLeggs' Tarsal Support: \$72.15 (without OrthoPlast Splinting Kit)	OrthoPlast Splinting Kit for Tarsal Support:
WHICH LEG: (LEFT/RIGHT/BOTH*) _____	<i>By veterinary prescription only. Ships only to clinic.</i>
#1 _____ Measure around your dog's leg 2" above the point of the hock.	_____ \$36.45
#2 _____ Measure around your dog's leg 1" above the point of the hock.	
#3 _____ Measure around your dog's leg at the point of the hock.	
#4 _____ Measure around your dog's leg at the top of the paw.	
#5 _____ Measure from the point of the hock to the top of the paw.	
* If both enter each measurement on the line L/R. For example 3.5/3.75 is 3.5 on the left and 3.75 on right	

