



**CLINIC INFORMATION (print clearly)**

*By veterinary prescription only. Ships only to clinic*

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)**

**LEG TO BE RESTRICTED: \_\_\_\_ LEFT \_\_\_\_ RIGHT**

**MEASUREMENTS (required):**

1. Base of neck circumference: \_\_\_\_\_
2. Unrestricted leg circumference at top of leg(at rib cage): \_\_\_\_\_
3. Circumference immediately behind last rib (waist): \_\_\_\_\_
4. Neck to last rib: \_\_\_\_\_
5. Chest circumference with injured leg in place: \_\_\_\_\_

**VELPEAU SLING:**

XXS-XS-S	\$137.90
MED- M/L	\$149.30
LARGE	\$171.55
XLARGE	\$187.56
XXL	\$208.60

All Velpeau Slings are custom-made and ship within 72 hours.