



CLINIC INFORMATION (print clearly)

Name of Clinic: _____ Phone _____
 Veterinarian _____ Email _____
 Clinic address _____
 City _____ State _____ Zip _____ Country _____

BILLING INFORMATION (print clearly)

(required) 3 or 4 digit security

Credit Card # _____ Exp. _____ Code _____
 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

ORDER

<p>DogLeggs Vests \$ 98.50 ea (sizes XS and XXS) \$ 147.50 ea (S, M, M/L, L) \$ 162.50 ea (XL, XXL)</p>	<p>Remote Telemetry Device Case \$38.50 each</p>
<p>QTY: _____ SIZE: _____ QTY: _____ SIZE: _____ QTY: _____ SIZE: _____ QTY: _____ SIZE: _____</p>	<p>Monitor manufacturer _____ Monitor model number _____ Number of cases ordered _____</p>

