## Clinic Information (print clearly)

Name of Clinic: Phone:

Veterinarian:
Email:
Clinic Address:
City: $\quad$ State: $\quad$ Zip: $\quad$ Country:

Billing Information (print clearly)

| Credit Card \#: | Exp: | Security Code: |  | (Required) 3 or 4 <br> digit security code |
| :--- | :--- | :--- | :--- | :--- |
| Signature: |  | Phone: |  |  |
| Whose card is this? | $\square$ Clinic card | $\square$ Client card |  |  |
| Billing Address: |  | State: | Zip: | Country: |
| City: |  |  |  |  |

Shipping Information (print clearly)
Ship to:Clinic $\square$ Owner

Ship by: $\square$ FedEx Ground $\square$ 3-Day $\square$ 2-Day $\square$ Overnight $\square$ International
Ship to Address (if different than billing):
City: $\quad$ State: $\quad$ Zip: $\quad$ Country:

Pet \& Owner Information (print clearly)

\#6 __ Measure from the point of the elbow to the top of the paw on EITHER FRONT LEG.

If your dog weighs less than 10 lbs , has measurement \#6 less than 6 inches, or is considered a short-legged breed, please contact our office for modified measurements.
*If both, enter each measurement on the line as L/R. For example, " $3.5 / 3.75$ " is 3.5 on the left and 3.75 on the right.

