Tarsal Support

Please fill out this form and email it to orderinfo@dogleggs.com, fax to 703.391.9333 or send to 1155 Elm Street, York, PA 17403.



Clinic Information (print clearly)

Name of Clinic:		Phone:		
Veterinarian:	Email:			
Clinic Address:				
City:	State:	Zip:	Country:	
Billing Information (print clearly)				
Credit Card #:	Exp:	Security Co	de: (Required) 3 or 4 digit security code	
Signature:	Phone:			
Whose card is this?	d			
City:	State:	Zip:	Country:	
Shipping Information (print clearly) Ship to: Clinic Owner Ship by: FedEx Ground 3-Day 2-Day Ship to Address (if different than billing):	□ Overnight □ International			
City:	State:	Zip:	Country:	
* Pet & Owner Information (print clearly)				
Owner's Name:		Phone:		
Email:	How did you hear	about us:		
Pet's Name:	Pet's Breed:		Age: Weight:	
Diagnosis:				
	Addison's Disease Long-term steroid therapy	□ Comprom □ Diabetes	ised immune system	
* Measurements (print clearly)	Centimeters			
Leg: 🗆 Left 🗆 Right 🗆 Both*			OrthoPlast Splinting Kit	
#1 Measure the circumference of the	he circumference of the leg 2 inches above the point of the hoo		for Tarsal Support:	
#2 Measure the circumference of the leg 1 inch above the point of the hock.		Ships only to clinic.		
#3 Measure the circumference of the	e leg at the point of the hock.		Qty	
#4 Measure the circumference of the leg at the top of the paw.		Please contact our office if there is		
#5 Measure from the point of the ho			any deformity of the joint.	
#6 Measure from the point of the elb EITHER FRONT LEG.	oow to the top of the paw on			

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.

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