

VEST for Cardiac Monitoring *Veterinary Prescription Required*



 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 Code: _____ (Required) 3 or 4 digit security code
Signature: _____ Phone: _____
Whose card is this? Clinic card Client card
Billing Address: _____
City: _____ State: _____ Zip: _____ Country: _____

Shipping Information (print clearly)

SHIPS TO CLINIC ONLY

Ship by: FedEx Ground 3-Day 2-Day Overnight International

Ship to Address (if shipping to a different clinic than above): _____

City: _____ State: _____ Zip: _____ Country: _____

Pet & Owner Information (print clearly) Please complete if for a specific pet, otherwise indicate "Clinic Use"

Owner's Name: _____ Phone: _____
Email: _____ How did you hear about us: _____
Pet's Name: _____ Pet's Breed: _____ Age: _____ Weight: _____
Diagnosis: _____
Does pet have: Cushing's Disease Addison's Disease Compromised immune system
 Severe skin allergies Long-term steroid therapy Diabetes

Measurements (print clearly) Inches Centimeters

_____ Measure the circumference of the chest immediately behind the front legs (at its deepest point).

Chest	Length	Size	Qty	Chest	Length	Size	Qty
10"-13"	5.75"	XXXS		25"-27"	12"	M	
14"-16"	6.5"	XXS		28"-34"	12"	M/L	
17"-19"	7"	XS		35"-39"	13"	L	
20"-22"	8.5"	S		40"-43"	14.5"	XL	
23"-25"	9"	S/M		44"-58"	16"	XXL	

Monitor Device

Monitor manufacturer/Model#: _____ Dimensions (L x W x D): _____
Lead Orientation: _____ Quantity: _____