 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)

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

Limb to be restricted: Left Right
#1 _____ Measure the circumference of the neck at the base of the neck (where the collar would rest).
#2 _____ Measure the circumference of the chest immediately behind the front legs (at its deepest point).
#3 _____ Measure the circumference of the body at the last rib.
#4 _____ Measure from the base of the neck (where the collar would rest) along the spine to the last rib.