


# Rear Leg Hobble System *Veterinary Prescription Required*



 Please fill out this form and email it to [orderinfo@dogleggs.com](mailto: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

#1 (L) \_\_\_\_\_ (R) \_\_\_\_\_ Measure the circumference of each leg 1 inch above the point of the hock.

#2 \_\_\_\_\_ Measure from point of hock to point of hock (with pet standing in position the hobbles are to maintain).

#3 \_\_\_\_\_ Measure from the point of the elbow to the top of the paw on EITHER front leg.