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 Inf	ormation (print clearly)						
Credit Card #:			Exp:	Security Code:		(Required) 3 or 4 digit security code	
Signature:			Phone:				
Whose card is th	his? \Box Clinic card \Box Clier	nt card					
Billing Address:							
City:			State:	Zip:	Country:		
Shipping 1	Information (print clearly)						
Ship to: 🗆 Clin	ic 🗆 Owner						
Ship by: 🛛 Fed	Ex Ground 🛛 3-Day 🗌 2-I	Day 🗆 Overnight 🗆 Inte	rnational				
Ship to Address	6 (if different than billing):						
City:			State:	Zip:	Country:		
🗳 Pet & Owr	ner Information (print clea	rly) Please complete if for a spe	cific pet, oth	nerwise indicate "Clinic Use	e"		
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 □ Severe skin allergies	□ Addison's Disease □ Long-term steroid therapy		 □ Compromised immune system □ Diabetes 			
Measuren	nents (print clearly) 🛛 Inche	es 🗆 Centimeters					

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

Chest	Size	Qty	Chest	Size	Qty
8.5"-10.5"	XS		24"-30"	L	
10"-12.5"	S		26"-32.5"	XL	
11.5"-14"	S/M		28"-35"	2XL	
14"-17.5"	Μ		31"-38.5"	3XL	
18"-22.5"	M/L		36.5"-45.5"	4XL	