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 t	his? 🗆 Clinic card 🗆 Clier	it card						
Billing Address:								
City:			State:	Zip:	Country:			
🗳 Shipping	Information (print clearly)							
Ship to: 🗆 Clin	nic 🗆 Owner							
Ship by: 🗆 Fed	IEx Ground □3-Day □2-D	ay □Overnight □Int	ternational					
Ship to Address	5 (if different than billing):							
City:			State:	Zip:	Country:			
🗳 Pet & Owi	ner Information (print clea	rly) Please complete if for a sp	pecific pet, oth	erwise indicate "Clinic Us	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 				
Veasuren	nents (print clearly) 🛛 Inche	es 🗆 Centimeters						

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

Velcro Closure[®]: \Box Yes \Box No

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"	М		31"-38.5"	3XL	
18"-22.5"	M/L		36.5"-45.5"	4XL	