Surgi-Sox® Forelimb Leggings

Clinic Information (print clearly)





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.

Name of Clinic:							Phone:		
Veterinarian:						Email:			
Clinic Address	s:								
City:						State:	Zip:	Country:	
& Billing In	formati	on (print cl	early)						
Credit Card #:						Exp:	Security Co	ode:	(Required) 3 or 4 digit security code
Signature:						Phone:			
Whose card is	this? □	Clinic card	d □ Client card	I					
Billing Address	s:								
City:						State:	Zip:	Country:	
Shipping	Inform	ation (pri	nt clearly)						
Ship to: □Cli			,,						
-			ay □2-Day □	Overnig	ht □Int	ernational			
Ship to Addres									
City:						State:	Zip:	Country:	
₩ Pet & Ow	mer Info	ormation	(print clearly) Plea	asa camplat	to if for a sn	ocific not oth	orwise indicate "C	linic Uso"	
Owner's Name		Jimacioi	(print clearty) Pies	ase complet	te ii ioi a sp	ecilic pet, oti	Phone:	unic ose	
						d you hear about us:			
Pet's Name: Pet's Breed:						a you nour	about us.	Age:	Weight:
Diagnosis:				. 000 2				7.80.	
	es pet have: Cushing's Disease Addison's Disease Compromised immune system Severe skin allergies Long-term steroid therapy Diabetes							em	
			☐ Inches ☐ rence of the ch			ehind the f	ront 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"	M		31"-38.5"	3XL					
18"-22.5"	M/L		36.5"-45.5"	4XL					