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<br>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                          | ernational      |   |          |  |  |
| Ship to Address  | 6 (if different than billing):                           |   |                 |   |          |  |  |
| City:            |  |   | State:          | Zip:  | Country: |  |  |
| 🗳 Pet & Owr      | ner Information (print clea                              | rly) Please complete if for a sp                | ecific 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:   | $\Box$ Cushing's Disease<br>$\Box$ Severe skin allergies | □ Addison's Disease □ Long-term steroid therapy |                 | <ul> <li>□ Compromised immune system</li> <li>□ Diabetes</li> </ul> |          |  |  |
| 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  |     |