Surgi-Sox® Aural Compression Bandage

XL

20"-25"



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 Infor	mation (p	orint clearly)					
Name of Clinic:					Phone:		
Veterinarian:				Email:			
Clinic Address:							
City:				State:	Zip:	Country:	
Billing Info	rmation (print clearly)					
Credit Card #:				Exp:	Security Code:		(Required) 3 or 4 digit security code
Signature:				Phone:			
Whose card is this	s? □Clini	c card 🗆 Clie	nt card				
Billing Address:							
City:				State:	Zip:	Country:	
Shipping In	formatic	M (a wint all a nich					
Ship to: ☐ Clinic							
			Day □ Overnight □ I	nternational			
Ship to Address (i	f different tha	n billing):					
City:				State:	Zip:	Country:	
* Pet & Owne	er Inform	ation (print clea	arly) Please complete if for a s	specific pet, otl	herwise 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 ☐ Addison's Diseas			е	☐ Compromised immune system		
	☐ Severe s	skin allergies	☐ Long-term steroid	d therapy	□ Diabetes		
* Measureme	ents (print o	clearly) 🗆 Inche	es Centimeters				
Measure	around the	e head just in fr	ont of the ears (under t	he jaw).			
Measurement	Size	Qty					
13"-16"	S						
15"-18"	M						
17"-21"	L						