



 Please fill out this form and email it to [orderinfo@dogleggs.com](mailto: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 Information** (print clearly)

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ Security Code: \_\_\_\_\_ (Required) 3 or 4 digit security code  
Signature: \_\_\_\_\_ Phone: \_\_\_\_\_  
Whose card is this?  Clinic card  Client card  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

## **Shipping Information** (print clearly)

Ship to:  Clinic  Owner  
Ship by:  FedEx Ground  3-Day  2-Day  Overnight  International  
Ship to Address (if different than billing): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

## **Pet & Owner Information** (print clearly) Please complete if for a specific pet, otherwise indicate "Clinic Use"

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 Disease  Compromised immune system  
 Severe skin allergies  Long-term steroid therapy  Diabetes

## **Measurements** (print clearly) Inches Centimeters

\_\_\_\_\_ Measure the circumference of the pet's head, including the ears (measure under the jaw and around head over the ears).

Measurement	Size	Qty
9"-12"	XS	
12"-18"	S	
15"-20"	M	
20"-24"	L	
22"-27"	XL	