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 Info	ormation (print clearly)					
Credit Card #:			Exp:	Security Code:		(Required) 3 or 4 digit security code
Signature:			Phone:			
Whose card is th	nis? 🗆 Clinic card 🗆 Client	card				
Billing Address:						
City:			State:	Zip:	Country:	
Shipping I	<b>Information</b> (print clearly)					
Ship to: Clin						
•	Ex Ground 🛛 3-Day 🗌 2-Da	ay 🗆 Overnight 🗆 Int	ernational			
	(if different than billing):	, ,				
City:	· <u>-</u>		State:	Zip:	Country:	
🍄 Pet & Own	er Information (print clearl	<b>1</b> 0				
Owner's Name:		וע		Phone:		
mail: How did you			d vou hear a			
Pet's Name:		Pet's Breed:	- j		Age:	Weight:
Diagnosis:						
	□ Cushing's Disease □ Severe skin allergies	□ Addison's Disease □ Long-term steroid	therapy	□ Compromised in □ Diabetes	nmune syste	em
Measurem	nents (print clearly)	s □ Centimeters				
	□Left □Right					
#1 Mea	sure the circumference of th	he base of the neck (wh	ere the coll	ar rests).		
#2 Measure the circumference of the chest immediately behind the front leg (at its deepest point).						
#3 Measure the circumference of the body at the last rib.						
#4 Measure from the base of the neck (where a collar would rest) to the last rib.						
#5 Mea	sure the circumference of th	e leg at the point of the	elbow.			
#6 Mea	sure the circumference of th	e leg 4 inches below th	e point of e	elbow.*		
#7 Mea	sure from the point of the el	bow to the top of paw.				
*If measurement #7	is 6 inches or less, measure around	the leg halfway between the o	elbow and top	of paw for measurement #	<sup>t</sup> 6.	