Shoulder Stabilization System Veterinary Prescription Required

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 Information (print clearly)							
Credit Card #:	Exp:	Security Code:		(Required) 3 or 4 digit security cod			
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 ☐ Int	ernational						
Ship to Address (if different than billing):							
City:	State:	Zip:	Country:				
Pet & Owner Information (print clearly)							
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 ☐ Severe skin allergies ☐ Long-term steroid		□ Compromised immune system□ Diabetes					
* Measurements (print clearly) □ Inches □ Centimeters							
#1 Measure from the point of elbow on one side, over the b	ack, to point	of elbow on opposi	te side.				
#2 (L) (R) Measure around each leg at the point of each	elbow.						
#3 (L) (R) Measure around each leg 4 inches below the point of elbow.*							
#4 Measure from the point of elbow to the top of the paw of	n either leg.						

^{*}If measurement #4 is 6 inches or less, measure around the leg halfway between the elbow and top of paw for measurement #3.