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 code
Signature:		Phone:			
Whose card is this? $\Box$ Clinic card $\Box$ Cli	ent card				
Billing Address:					
City:		State:	Zip:	Country:	
* Shipping Information (print clearly)					
SHIPS TO CLINIC ONLY					
Ship by: FedEx Ground 3-Day 2	-Day 🗆 Overnight 🗆 In	nternational			
Ship to Address (if shipping to a different clinic t	han above):				
City:		State:	Zip:	Country:	
<b>Pet &amp; Owner Information</b> (print clo	aarly)				
Owner's Name:	earty)		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 □ Long-term steroid		□ Compromised i □ Diabetes	mmune syst	em
* Measurements (print clearly)	hes 🗆 Centimeters				
Limb to be restricted: $\Box$ Left $\Box$ Right					
#1 Measure the circumference o	f the neck at the base of	the neck (w	here the collar would	d rest).	
#2 Measure around the body and	l leg with injured limb in p	olace (as it w	vill be positioned in t	he sling).	
#3 Measure the circumference o	f the waist (just behind th	ne last rib w	here it attaches to th	ne spine).	
#4 Measure from the base of the	neck to the last rib (alon	g the spine)	•		
#5 Measure around the uninjured	l leg at the point of the el	bow.			
#6 Measure around the leg 4 incl	nes below the point of the	e elbow.*			
#7 Measure from the point of the	elbow to the top of the p	oaw on the ι	ıninjured leg.		
*If measurement #7 is 6 inches or less, measure the	circumference of the leg halfwa	y between the	elbow and top of paw for	measurement #	6.

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