


# Carpal Support



 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)

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

Leg:  Left  Right  Both\*

#1 \_\_\_\_\_ Measure the circumference of the forelimb at middle of carpal joint.

#2 \_\_\_\_\_ Measure from the top of the paw to middle of carpal joint.\*\*

#3 \_\_\_\_\_ Measure from the top of the paw to point of the elbow.

Extra Stabilization Straps (for increased support):  Yes  No

\*If both, enter each measurement on the line as L/R. For example, "3.5/3.75" is 3.5 on the left and 3.75 on the right.

\*\*If your pet has a prominent dew claw, please call the office for further instruction.

### OrthoPlast Splinting Kit for Carpal Support:

*Ships only to clinic.*

Qty \_\_\_\_\_

Please contact our office if there is any deformity of the joint.