



Formerly, Phoenix Design Solutions

FRONT LEG HOBBLES ORDER FORM

Direct: 703-980-3560. Fax: 703-738-7434
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Prescription Required - We require that the first time the Shoulder Stabilization System is placed on the patient, it is done by a veterinary professional. This is to ensure the product is adjusted appropriately. Product only ships to clinic.

Clinic Name: _____

Attn: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____

Phone number: _____

E-mail: (for order confirmation) _____

Credit Card # ___ **Owner's** ___ **Clinic's** : _____ **Exp Date** _____

Signature: _____

Name on Credit Card: _____

Mailing Address for Credit Card Statement: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____

Credit Card Owner Phone number: _____

Credit Card Owner E-Mail: _____

Dog's Name (first and last): _____

Dog Breed: _____ **Age:** _____ **Weight:** _____

Diagnosis: _____

DOG'S HEALTH: _____

___ Cushing's Disease ___ Addison's Disease _____

___ Compromised Auto-Immune System. ___ Severe skin allergies ___ Long-term Prednisone therapy

MEASUREMENTS (print clearly) to be taken with the dog standing

INCHES _____ CENTIMETERS _____

#1* _____ Measure from point of elbow on one side of dog over the back to the point of elbow on opposite side of dog

#2 L _____ R _____ Measure around each of dog's legs at the point of the elbow

#3• L _____ R _____ Measure around each of dog's legs, 4" below the point of the elbow

#4** L _____ R _____ Measure from point of the elbow to the floor

*If dog's #4 measurement is 6" or less from point of elbow to floor, measure around the leg half way between the elbow and top of paw and give measurement in space provided for #3.