



Formerly, Phoenix Design Solutions

**FRONT LEG HOBBLER ORDER FORM**

42459 Magellan Sq. • Ashburn, VA 20148

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)** \_\_\_\_\_

**Name on Credit Card:** \_\_\_\_\_

**Mailing Address for Credit Card Statement:** \_\_\_\_\_

\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip/Postal Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Credit Card #** \_\_\_\_\_ **Owners.** \_\_\_\_\_ **Clinic:** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Pet's Name** (first and last): \_\_\_\_\_

**Pet's Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**PET'S HEALTH:** \_\_\_\_\_ Cushing's Disease \_\_\_\_\_ Addison's Disease  
\_\_\_\_\_ Compromised Auto-Immune System \_\_\_\_\_ Severe skin allergies \_\_\_\_\_ Long-term Prednisone Therapy

**MEASUREMENTS: TO BE TAKEN WITH ANIMAL WEIGHT BEARING**

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.