



Formerly, Phoenix Design Solutions

VEST FOR AMPUTEE + LEGGINGS

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Clinic Name: _____

Attn: _____

Address: _____

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

Country: _____

Phone number: _____

E-mail: (for order confirmation) _____

Credit Card # ____ **Owners.** ____ **Clinic :** _____ **Exp Date** _____

Signature: _____

Name on Credit Card: _____

Mailing Address for Credit Card Statement: _____

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

Country: _____

Phone number: _____

E-Mail for Credit Card Owner: _____

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 chest circumference, immediately behind front legs
2. _____ Measure from base of neck to base of tail along spine
3. _____ Measure circumference of waist

Leggings for Amputee Vest:

Remaining Leg: ____ Left Leg ____ Right Leg

1. ____ Measure from point of elbow to center of Spine
2. ____ Measure around leg at point of elbow
3. ____ Measure around leg 4" below point of elbow
4. ____ Measure from point of elbow to top of carpus