



PDS AURAL BANDAGE

42580 Magellan Square
Ashburn, VA 20148
703-715-0333
Fax: 703-738-7434

Name: _____

Address: _____

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

Phone number: _____

E-mail: (for order confirmation) _____

Credit Card #: _____

Expiration Date _____ **Signature:** _____

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

#1 _____ Measure around dog's head, immediately in front of ears

#2 _____ Measure from just in front of ears to base of neck

