

FRONT LEG PAW-UP PROTECTOR

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Name: _____

Mailing Address: _____

City: _____

State/Country: _____

Zip/Postal Code: _____

Phone number: _____

E-mail: (for order confirmation) _____

Credit card #: _____ Expiration Date: _____

Signature: _____

Dog's Name _____

Dog's Breed _____ Age _____

Diagnosis _____

Does dog have: _____ Cushing's Disease _____ Addison's Disease _____ Severe skin allergies

_____ Compromised auto-immune system _____ Long-term Prednisone therapy

MEASUREMENTS: INDICATE: CENTIMETERS _____ OR INCHES _____.

WHICH LEG: LEFT _____ RIGHT _____

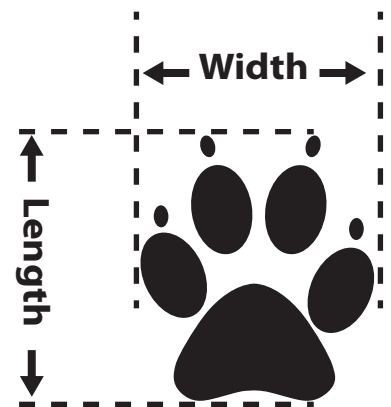
#1 _____ Measure from top of paw to point of elbow

#2 _____ Measure width of paw at widest

#3 _____ Measure length of paw front to back including nails

Standard Shipping: UPS Ground *within Continental United States. International orders ship US Postal Global Priority.*

Upon Request: _____ UPS Overnight _____ 2-Day _____ 3-Day



Toe Up Boot - Front Leg

1. _____ Measure from top of paw to middle of carpus
2. _____ Measure around leg at middle of carpus.
3. _____ Measure from top of paw to point of elbow

