



Formerly, Phoenix Design Solutions

LEGGINGS ORDER FORM

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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 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.*