



Formerly, Phoenix Design Solutions

TARSAL SUPPORT ORDER FORM

42580 Magellan Square • Ashburn VA 20148
Direct: 703-980-3560
Fax: 703-738-7434
schon@phoenixanimalsolutions.com

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: _____

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: MEASUREMENTS: TO BE TAKEN WITH ANIMAL WEIGHT BEARING

If animal has orthopedic remodeling of leg, a casting of the leg may be required to create a Custom Sculpted Tarsal Support.

Standard Shipping: UPS Ground *within Continental United States*

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

MEASUREMENTS: INDICATE CENTIMETERS_____ OR INCHES_____.

WHICH LEG: LEFT_____ RIGHT_____

#1 _____ Measure around your dog's leg 2" *above* the point of the hock.

#2 _____ Measure around your dog's leg 1" *above* the point of the hock.

#3 _____ Measure around your dog's leg at the point of the hock.

#4 _____ Measure around your dog's leg at the top of the paw.

#5 _____ Measure from the point of the hock to the top of the paw.

#6 _____ If taller Support is needed: measure from point of hock to desired height

#7 _____ Measure around leg at desired height