



LEGGINGS ORDER FORM

42459 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) _____

Name on Credit Card: _____

Mailing Address for Credit Card Statement: _____

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

Country: _____

Phone number: _____

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

Signature: _____

Pet's Name (first and last): _____

Pet's Breed: _____ **Age:** _____ **Weight:** _____

Diagnosis: _____

PET'S HEALTH: _____ Cushing's Disease _____ Addison's Disease

_____ Compromised Auto-Immune System _____ Severe skin allergies _____ Long-term Prednisone Therapy

MEASUREMENTS: TO BE TAKEN WITH ANIMAL WEIGHT BEARING

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.*