



Formerly, Phoenix Design Solutions

**TARSAL SUPPORT 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**

If animal has orthopedic remodeling of leg, a casting of the leg may be required Send photos to:  
schon@phoenixanimalsolutions.com

**Measurements:** Indicate centimeters \_\_\_\_\_ or inches \_\_\_\_\_.

Which leg:        Left \_\_\_\_\_        Right \_\_\_\_\_

Low Temp SPLINTING:    \_\_\_ YES

External stabilization straps.    \_\_\_

#1 \_\_\_\_\_ Measure around your pet's leg 2" *above* the point of the hock.

#2 \_\_\_\_\_ Measure around your pet's leg 1" *above* the point of the hock.

#3 \_\_\_\_\_ Measure around your pet's leg at the point of the hock.

#4 \_\_\_\_\_ Measure around your pet'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