



Formerly, Phoenix Design Solutions

## SHOULDER STABILIZATION VEST

42459 Magellan Square  
Ashburn, VA 20148 USA  
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**

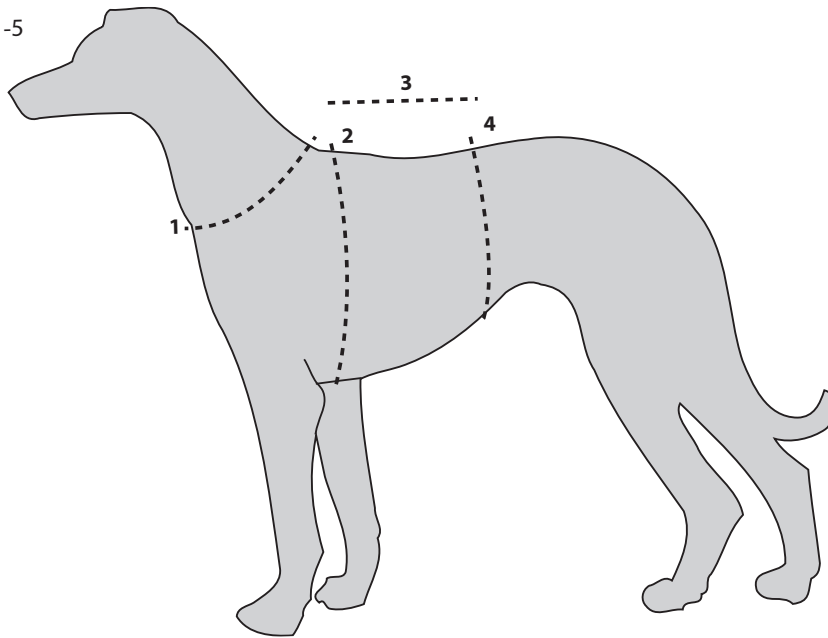
**Scapular Compression:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Single Leg Hobble Strap:** Yes \_\_\_\_\_ No \_\_\_\_\_

**MEASUREMENTS:** (required) Remaining Leg: L \_\_\_\_\_ R \_\_\_\_\_

1. \_\_\_\_\_ Measure circumference of Neck (where loose collar would sit)
2. \_\_\_\_\_ Measure circumference of chest, immediately behind front legs
3. \_\_\_\_\_ Measure from base of neck to last rib
4. \_\_\_\_\_ Measure circumference of body at last rib (waist)
5. \_\_\_\_\_ Measure from body/chest wall to point of elbow
6. (L) \_\_\_\_\_ (R) \_\_\_\_\_ Measure circumference of leg at the point of the elbow
7. \_\_\_\_\_ Measure from point of elbow to top of carpus
8. \_\_\_\_\_ Measure circumference of leg immediately above carpus

Measurements - 1-5



Measurements - 6-9

