



## LEGGINGS ORDER FORM

42546 Magellan Sq. • 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:** \_\_\_\_\_ **CVV:** \_\_\_\_\_

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.