PHOENIX
ANIMAL SOLUTIONS

TARSAL SUPPORT ORDER FORM

42546 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 Code:_____CVV_____

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

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