



## PAS AURAL BANDAGE SYSTEM

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**Clinic Name:** \_\_\_\_\_

Attn: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail: (for order confirmation) \_\_\_\_\_

**Credit Card #** \_\_\_\_\_ **Owners.** \_\_\_\_\_ **Clinic :** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_ **CVV** \_\_\_\_\_

Signature: \_\_\_\_\_

**Name on Credit Card:** \_\_\_\_\_

Credit Card Owner E-Mail: \_\_\_\_\_

**Mailing Address for Credit Card Statement:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Credit Card #** \_\_\_\_\_ **Owners:** \_\_\_\_\_ **Clinic:** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_ **CVV:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**DOG'S HEALTH:** \_\_\_\_\_ Cushing's Disease \_\_\_\_\_ Addison's Disease

\_\_\_\_\_ Compromised Auto-Immune System

\_\_\_\_\_ Severe skin allergies \_\_\_\_\_ Long-term Prednisone therapy

#1 \_\_\_\_\_ Measure around dog's head, immediately in front of ears

#2 \_\_\_\_\_ Measure from just in front of ears to base of neck

Measurement Instructions

