PHOENIX
DESIGN SOLUTIONS

FRONT LEG HOBBLES ORDER FORM

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Prescription Required - *We require that the first time the Shoulder Stabilization System is placed on the patient, it is done by a veterinary professional. This is to ensure the product is adjusted appropriately. Product only ships to clinic.*

Clinic Name: _____

Attn: _____

Address: _____

City: _____

State/Country: _____

Zip/Postal Code: _____

Phone number: _____

E-mail: (for order confirmation) _____

Clinic Credit Card #: _____

Expiration Date _____ 3-digit security code (required): _____

Signature: _____

DOG'S NAME (first and last): _____

Dog Breed: _____ Age: _____ Weight: _____

Diagnosis: _____

DOG'S HEALTH: _____Cushing's Disease _____Addison's Disease
_____Compromised Auto-Immune System
_____Severe skin allergies _____ Long-term Prednisone therapy

MEASUREMENTS (print clearly) to be taken with the dog standing

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.