



CANINE REHABILITATION

ABN:95 100 969 159

ORDER FORM

Name.....Date.....

Shipping Address.....

.....Post Code.....

Phone.....Fax.....Email.....

Company Name.....ABN.....

Girth measurements for harnesses 1) around abdomen in front of rear legs.....cm

2) around top of thigh.....cm

QTY	SIZE	DESCRIPTION	UNIT PRICE	TOTAL PRICE
Sub-Total Price				
Postage				
TOTAL				

Please Confirm Postage Amount With Us Prior to Sending

Method of Payment: Please Tick One

Cheque/Money Order Visa Mastercard Bankcard

Card Number :

Grid for card number input: 16 empty boxes.

Name of Card Holder _____ Expiry Date ____/____/____

Signature _____ Date _____

Please make cheques or money orders payable to Dogs In Motion Canine Rehabilitation P/L.
Fax or send completed form with payment to:

DOGS IN MOTION CANINE REHABILITATION P/L
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