

## TAIL INJURY NOTIFICATION FORM

### TAIL INJURY REPORT

MEMBER'S NAME:	<input type="text"/>	
MEMBER'S ADDRESS:	<input type="text"/>	
MEMBER'S PHONE NUMBER:	<input type="text"/>	P/CODE: <input type="text"/>
MEMBER'S E-MAIL:	<input type="text"/>	
MEMBERSHIP NUMBER: (if applicable)	<input type="text"/>	
BREED:	<input type="text"/>	
NAME OF DOG:	<input type="text"/>	
REGISTRATION NUMBER: (& Microchip number if applicable)	<input type="text"/>	
DATE OF BIRTH:	<input type="text" value="___ / ___ / ___"/>	
PLACE OF BIRTH:	<input type="text"/>	
No. OF PUPPIES IN LITTER:	MALE - <input type="text"/>	FEMALE - <input type="text"/>
BREEDER'S NAME:	<input type="text"/>	
BREEDER'S PREFIX:	<input type="text"/>	
BREEDER'S PHONE NUMBER:	<input type="text"/>	

**TAIL INJURY NOTIFICATION FORM**

**INJURY INFORMATION**

INJURY DATE:

____ / ____ / 20____
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LOCATION:

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EXTENT OF INJURY:

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TREATMENT:

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PROGNOSIS:

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**VETERINARY INFORMATION**

VETERINARIAN'S NAME:

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VETERINARIAN'S ADDRESS:

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VET'S PHONE NUMBER:

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P/CODE:
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VET'S EMAIL ADDRESS:

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VETERINARIAN'S SIGNATURE:

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DATE:

____ / ____ / 20____
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