

TAIL INJURY NOTIFICATION FORM

TAIL INJURY REPORT

MEMBER'S NAME:

MEMBER'S ADDRESS:

MEMBER'S PHONE NUMBER:

P/CODE:

MEMBER'S E-MAIL:

MEMBERSHIP NUMBER:
(if applicable)

BREED:

NAME OF DOG:

MICROCHIP NUMBER:

DATE OF BIRTH:

PLACE OF BIRTH:

No. OF PUPPIES IN LITTER:

MALE -

FEMALE -

BREEDER'S NAME:

BREEDER'S PREFIX:

BREEDER'S PHONE NUMBER:

TAIL INJURY NOTIFICATION FORM

INJURY INFORMATION

INJURY DATE:

___ / ___ / 20___

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:

--

P/CODE:

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VET'S EMAIL ADDRESS:

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VETERINARIAN'S SIGNATURE:

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DATE:

___ / ___ / 20___
