

OWNERS REPORT REGARDING TAIL INJURY

Owners Name _____

Telephone _____

Dogs Name _____

Breed _____

Sex _____

Date of birth _____

When did the injury first occur?

How did the injury occur, what caused it?

Please describe the injury:

Has your vet amputated any part of the tail yet YES/NO

Can the CDB contact you to arrange photographs of the injury and use the photographs for our campaign YES/NO

Please list visits to your vet

Date	treatment	cost	How successful was treatment

Please return this form to the CDB as soon as possible and complete each part as the situation progresses.