

MONITORING OF TAIL INJURIES

NAME OF DOG DATE

BREED AGE SEX

OWNER'S NAME AND ADDRESS	VET'S NAME AND ADDRESS
PHONE NUMBER	PHONE NUMBER

HOW INJURY OCCURRED

TREATMENT NEEDED & LENGTH OF TIME TO HEAL

COST OF TREATMENT WAS THIS FIRST INJURY

WAS DOG INSURED DID INSURANCE PAY

VET'S REMARKS AND ADVICE GIVEN

PLEASE RETURN & ENCLOSE PHOTO OF INJURY IF POSSIBLE TO:
Andrew Kousourou
Secretary WCS
8 Powburn Cresc
Kylepark
Uddingston
G71 7SS

PLEASE CONTINUE OVERLEAF IF YOU NEED TO