

Monitoring of Tail Injuries

Name of Dog:		Date Injury Occurred:	
Breed	Age:	Sex:	
Owners Name & Address:		Vet's Name & Address:	
Telephone No:	Telephone No:		
Details of How The Injury Occurred			
Treatment Needed & Length of Time to Heal			
Cost of Treatment:	Was This The First Injury?		
Was the Dog Insured?	Was The Dog Covered Under Your Insurance?		
Vets Remarks & Advice Given			

Please return the completed form together with any photographs of the injury to;
**Sue Pitman, The Croft, Northfields Lane, Westergate, Nr Chichester, West Sussex PO20 6UH or
Mr I B Halbert, 23 Bent Lane, Staveley, Chesterfield, Derbyshire S43 4UG**

For further information contact Sue Pitman on (01243) 545990