

VETERINARY REPORT REGARDING TAIL INJURY

when part of the tail has to be / has been amputated

Completed at the request of _____

I have today the _____ of _____ 200__ treated ___ examined ___

Name _____ Breed _____ Sex _____

Date of birth _____ Colour, markings _____

Registration no /tattoo no _____

Tattoo no is ___ clearly visible ___ difficult to read ___unreadable

Is/was this case a second opinion /referral?

Upon EXAMINATION today the following injury was observed:

Previous examinations concerning this injury, dates, treatments & observations;

Visit 1 *date* _____

Visit 2 *date* _____

Visit 3 *date* _____

(Should you require more space, please continue on a separate piece of paper)

During TREATMENT the following procedures have been carried out which will have an effect upon the animal's exterior appearance:

Procedure:

Reason:

Length removed:

I understand that the injury was originally caused by;

Duration of convalescence until complete, symptom-free healing

In my opinion, the deviation from the animal's normal appearance will/will not influence the normal functions of the animal ___ will influence the normal functions of the animal

Signature _____

Dated _____

Print Name _____

(Space for practice stamp)