



Reg. No: A00023882W ABN 97 452 215878 65  
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## APPLICATION FOR SHORTENED TAIL DOG IDENTIFICATION CARD FOR DOGS WHELPED IN AUSTRALIA

The purpose of this card is to provide Dogs Victoria members with documentation confirming that their dog's tail was shortened for medical/therapeutic reasons in accordance with the local jurisdiction of the state where it was whelped.

Where the prohibited procedure was lawfully carried out by a veterinary surgeon as provided for in the Prevention of Cruelty to Animals Act (Victoria) 1986, the following information must accompany your application:

- Tail Injury Notification Form
- Statement from Veterinary Professional carrying out the procedure stating the reason for shortening the tail, and that the procedure was in accordance with the laws of that state.

*Natural Bob Tails are not required to hold this card.*

Registered Name of Dog: \_\_\_\_\_

Registered Number of Dog: \_\_\_\_\_

Microchip Number: \_\_\_\_\_

State Whelped in: \_\_\_\_\_

Membership No: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email Address/Phone Number: \_\_\_\_\_

### **Declaration to be signed by the owner/s**

I/we certify that the above information complies with all of the requirements of Victorian State Government Legislation. To the best of my/our knowledge and belief, the above particulars are correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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## TAIL INJURY NOTIFICATION FORM FOR DOGS WHELPED IN AUSTRALIA

### TAIL INJURY REPORT

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Breed: \_\_\_\_\_

Registered Name of Dog: \_\_\_\_\_

Registered Number of Dog: \_\_\_\_\_

Microchip Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Breeders Name: \_\_\_\_\_

### INJURY INFORMATION

Injury Date: \_\_\_\_\_

Location: \_\_\_\_\_

Extent of Injury: \_\_\_\_\_

Treatment: \_\_\_\_\_

\_\_\_\_\_

Prognosis: \_\_\_\_\_

\_\_\_\_\_

### VETERINARY INFORMATION

Veterinarian's Name: \_\_\_\_\_

Veterinarian's Address: \_\_\_\_\_

Veterinarian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_