



1221 Tittabawassee Road Saginaw, Michigan 48604
989-752-1960 Fax: 989-752-1968

Referring Veterinary Clinic Survey

We are in the process of updating our current information for referring veterinary clinics. Please complete the following and either mail or fax the form back to us.

Clinic Name: _____

Fax Number: _____

Phone Number: _____

E-mail Address: _____

Back Line: _____

Veterinarians:

Home Phone (if desired)

1. _____

Phone: _____

2. _____

Phone: _____

3. _____

Phone: _____

4. _____

Phone: _____

What are your clinic hours?

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

What species do you see?

Dogs _____ Cats _____ Ferrets _____ Rabbits _____ Birds _____

Reptiles _____ Other: _____

Do you do orthopedic work?

Pinning, cerlage wires, etc. _____

Plating _____

Cruciate Repairs _____

Do you do surgery on back dogs (i.e. laminectomies, fenestrations)?

Yes _____ No _____

Are there any special procedures that you perform?

Ultrasound _____

Endoscopy _____

Other _____

If you have any comments, suggestions or new information not included on this sheet please write it down in the area below. Have a great day!