



Surgery Coverage Request Form:

Name :

Title or Position :

Phone Number :

Email Address :

Name of the Veterinary Clinic or Hospital :

Number of veterinarians currently working in your practice :

Select the services you are interested in :

Temporary surgical replacement

What specific dates are you looking to cover :

- Recurring surgical Support (ex: weekly, every 2 weeks, 2-3 days a month)

What frequency are you interested :

- Additional surgical training for your employed veterinarians

Surgeries of interest (ex: gastropexy) :

- On-call service for emergency surgeries

Please further describe the specific coverage needs of your hospital :

Other questions or comments :

Thank you for taking the time to fill out this form,
please email it to DreMelissaVet@gmail.com.

Dr Melissa will contact you shortly at the coordinates provided in this form
to schedule a meeting at your clinic and answer any questions you may have.
For urgent or time sensitive inquiries, please call 514 532 1253