



# LUNCH AND LEARN QUESTIONNAIRE

SOVSC wants to continue to be a resource for our referring veterinarians. If you are interested in having one of our specialists (or a CVT) come to your hospital to present on a requested topic (approximately 45 minutes) please complete this form and return it to us (fax/email). The best part, we will provide lunch for all attendees!

**Topic Request:**

- Internal Medicine       Dermatology       Surgery - Orthopedic       Surgery – Soft Tissue  
 Anesthesia       CPR       Emergency/ Critical care       Anesthesia  
 Wound Management       Pain Management  
 Technical Support Staff (X-Ray Positioning, Blood Pressure Monitoring)  
  
 Other

**Practice Information:**

\_\_\_\_\_  
Contact Name (Doctor/Manager)

\_\_\_\_\_  
Hospital Name

\_\_\_\_\_  
City

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

\_\_\_\_\_  
Number of attendees

**Comments:**

**Please fax or email this questionnaire to (541) 282-7999 email to [sovsc@sovsc.com](mailto:sovsc@sovsc.com)**