

APPENDIX 6: REPORT OF PEER REVIEW COMMITTEE

Client Name _____

Date: _____

Address _____

Attending

Veterinarian:

Name _____

Address _____

Carrier

Name: _____

Address _____

Specific complaint:

Committee members conducting clinical examination:

Committee members present during hearing:

Clinical findings:

Radiographic and laboratory findings:

Conclusions:

Recommendations:

Signature