

**CONFIDENTIAL**

\_\_\_\_\_ applied to be registered with the Saskatchewan Veterinary Medical Association and has given your name as a reference. Please comment on the suitability of the candidate to be a member of our professional association using the following guidelines along with any other comments you deem relevant:

- attitude presented to the public
- care of equipment
- the non-medical use of drugs and alcohol
- relationship with co-workers
- financial responsibility
- participation in extra professional activities
- ability to accept responsibility

References form a significant part of the approval process. All information will be kept confidential except as may be required by law.

Please return your reference on this form, on attached sheet, or on letterhead, including your full contact information to the registrar at the address below.

Saskatchewan Veterinary Medical Association  
102 - 108 Research Drive  
Saskatoon SK S7N 3R3

T. 306 955.7862  
F. 306 975.0623  
E. [svma@svma.sk.ca](mailto:svma@svma.sk.ca)

Referee Name \_\_\_\_\_

Address \_\_\_\_\_

Phone/e-mail \_\_\_\_\_

**COMMENTS**

Signature \_\_\_\_\_

Date \_\_\_\_\_