

COMPLAINT FORM

TYPE OR PRINT CLEARLY. Please be specific, and describe who, what, when, where, why, and how the issue happened, including the past medical/surgical history, symptoms and condition (past and present) of your animal. Any correspondence, records receipts of invoices supporting your allegation should be included. If you have physical evidence, or if you have a deceased pet that is being temporarily preserved in a frozen state, it is important for you to retain that evidence in its original condition. Also, enclose any copies of records or reports from any other veterinarian that has been engaged for a second opinion or as a consultant, including his or her name, address and work telephone number. Please note that we do not have the authority to investigate fees you believe are too high or to intervene in fee disputes.

Mail to ASBVME, 8 Commerce Street – Suite 910, Montgomery, AL 36130-5330

INFORMATION ABOUT YOU:		Date:	
Name			
Home Phone:		Work Phone:	
Address			
City	ST	ZIP	County

INFORMATION REGARDING THE VETERINARY PROFESSIONAL (VETERINARIAN OR VETERINARY TECHNICIAN)			
Name(s)			
Name of Hospital /Clinic			
Work Phone:			
Address			
City	ST	ZIP	County

DESCRIPTION OF THE PET			
ANIMAL'S NAME		SPECIES	
BREED	AGE	WEIGHT	MALE/ FEMALE

RELEASE OF INFORMATION/RECORDS AUTHORIZATION

I, _____, hereby authorize any veterinarian, clinic, custodian of records, laboratory, insurance company, governmental agency, person or corporation who has attended/examined my animal, or who has records pertaining to relative veterinary procedures, to furnish to the Board of Veterinary Medical Examiners or any of its authorized agents/employees presenting this release to them, any oral or written statements, x-rays, forms, or any records whatsoever with respect to any veterinary related history, consultation, condition, prescription, treatment, or payment of any claim.

I further authorize any of the above persons to make available to the Board of Veterinary Medical Examiners, its authorized agent or employee, copies of any information possessed or maintained by them.

An exact copy of this authorization shall be accepted the same as the original in all instances.

Complainant's Signature

Date

Telephone Number(s) (____) _____

Witness To Signature

Date

Address

Telephone #