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, 8100 Seaton Place – Suite A, Montgomery, AL 36130-5330

INFORMATION ABOUT YOU:			Date:					
Name								
Home Phone:			Work Phone:					
Address								
City		ST		ZIP	County			
INFORMATION REGARDING THE VETERINARY PROFESSIONAL								
,	ERINAI	RIAN OR VET	ERIN	ARY TEC	CHNICIAN)			
Name(s)								
Name of Hospital /Clinic								
Work Phone:								
Address								
City		ST		ZIP	County			
	D	ESCRIPTION	OF T	THE PET				
ANIMAL'S NAME			SPECI	ES				
BREED	AGE		WEIG	НТ	MALE/ FEMALE			

(Please Type or Print Clearly)	
You may include additional sheets if necessary.	
To the best of my knowledge, the information in this complaint is true and complete.	
Signature: Date:	_

RELEASE OF INFORMATION/RECORDS AUTHORIZATION

I,	, hereby	authorize	any
veterinarian, clinic, custodian of records, laboratory, i		y, governme	enta
agency, person or corporation who has attended/examin	ned my animal, or	who has rec	ords
pertaining to relative veterinary procedures, to furnish t	o the Board of Ve	terinary Med	dical
Examiners or any of its authorized agents/employees p	resenting this rele	ase to them,	, any
oral or written statements, x-rays, forms, or any record	ds whatsoever wit	th respect to	any
veterinary related history, consultation, condition, pres	cription, treatmen	t, or payme	nt of
any claim.			
I further authorize any of the above persons to make av	vailable to the Boa	ard of Veteri	nary
Medical Examiners, its authorized agent or emplo	yee, copies of	any informa	ation
possessed or maintained by them.			
An exact copy of this authorization shall be as the original in all instar	_	ne	
Complainant's Signature		Date	
1 5			
Telephone Number(s) ()			
Witness To Signature		Date	
Address		Telephone #	‡ ⁻