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 36116

INFORMATION ABOUT YOU:		Date	Date:			
Name						
Home Phone:		Work	Work Phone:			
Address						
City	ST		ZIP	County		
WWW.	N DEC (DDW	NO THE LE	EDDINA D	V PD OFFICE ON A		
INFORMATION REGARDING THE VETERINARY PROFESSIONAL (VETERINARIAN OR VETERINARY TECHNICIAN)						
Name(s)				,		
Name of Hospital /Clinic						
Work Phone:						
Address						
City	ST		ZIP	County		
	1		1	1		
	DESCRI	IPTION OF	THE PET			
ANIMAL'S NAME		SPEC	IES			
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	
To the best of my knowledge, the information in	i tins compiaint is ti ue and compiete.
Signature:	Date:

RELEASE OF INFORMATION/RECORDS AUTHORIZATION

I,	, hereby	authorize a	any				
veterinarian, clinic, custodian of records, laboratory, insur	ance compan	y, governmer	ıtal				
agency, person or corporation who has attended/examined r	ny animal, or	of Veterinary Medical	rds				
pertaining to relative veterinary procedures, to furnish to the	e Board of Ve		cal				
Examiners or any of its authorized agents/employees present	nting this rele						
oral or written statements, x-rays, forms, or any records whatsoever with respect to a							
veterinary related history, consultation, condition, prescription, treatment, or payment or							
any claim.							
I further authorize any of the above persons to make availa	ble to the Boa	ard of Veterina	ary				
Medical Examiners, its authorized agent or employee,	copies of	any informat	ion				
possessed or maintained by them.							
An exact copy of this authorization shall be ac as the original in all instances.		ne					
Complainant's Signature		Date	_				
Telephone Number(s) ()							
Witness To Cionatono		Data					
Witness To Signature		Date					
Address		Telephone #					