

# 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**

<b>INFORMATION ABOUT YOU:</b>		<b>Date:</b>	
Name			
Home Phone:		Work Phone:	
Address			
City	ST	ZIP	County

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

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



