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:	Date:			
Name						
Home Phone:		Work Phone:	Work Phone:			
Address						
City	ST	ZIP	County			
INFORMATIO	ON REGARDING	THE VETERINAR	Y PROFESSIONAL			
INFORMATION REGARDING THE VETERINARY PROFESSIONAL (VETERINARIAN OR VETERINARY TECHNICIAN)						
Name(s)						
Name of Hospital /Clinic						
Work Phone:						
Address						
City	ST	ZIP	County			
	1	1	,			
DESCRIPTION OF THE PET						
ANIMAL'S NAME		SPECIES				
BREED	AGE	WEIGHT	MALE/ FEMALE			

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

RELEASE OF INFORMATION/RECORDS AUTHORIZATION

I,	, herel	y authorize	any
veterinarian, clinic, custodian of records, laboratory, is	nsurance comp	pany, governm	enta
agency, person or corporation who has attended/examin	ned my animal,	or who has rec	cords
pertaining to relative veterinary procedures, to furnish to	o the Board of	Veterinary Me	dica
Examiners or any of its authorized agents/employees pr	resenting this r	elease to them	, any
oral or written statements, x-rays, forms, or any record	ds whatsoever	with respect to	any
veterinary related history, consultation, condition, prese	cription, treatm	nent, or payme	nt of
any claim.			
I further authorize any of the above persons to make av	ailable to the I	Board of Veter	inary
Medical Examiners, its authorized agent or employ	yee, copies o	f any inform	ation
possessed or maintained by them.			
An exact copy of this authorization shall b as the original in all instan	-	same	
Complainant's Signature		Date	
Telephone Number(s) ()			
Witness To Signature		Date	
Address		Telephone :	 #