

**MARYLAND STATE BOARD OF VETERINARY MEDICAL EXAMINERS'
COMPLAINT FORM**

1. YOUR INFORMATION:

Name: _____ Pet's Name: _____ Age: _____
Home phone number: (_____) _____
Cell phone number: (_____) _____ Species: _____ Breed: _____
Work phone number: (_____) _____ Date(s) of treatment: _____
E-mail address: _____ Reason(s) for visit: _____
Address: _____
Street Address _____
City, State, Zip Code _____

2. COMPLAINT AGAINST:

Veterinarian's Name: _____ Clinic's name: _____
Clinic's address: _____

3. IF OTHER VETERINARIANS TREATED YOUR PET AFTER THE VETERINARIAN LISTED ABOVE, PLEASE PROVIDE THEIR INFORMATION BELOW:

Veterinarian's Name: _____ Clinic's name: _____
Clinic's address: _____
Veterinarian's Name: _____ Clinic's name: _____
Clinic's address: _____

4. HAVE YOU CONTACTED THE VETERINARIAN IN YOUR COMPLAINT?

Yes _____ No _____
If yes, what was the result? _____

5. HAVE YOU RECEIVED ANY REIMBURSEMENT FROM THE VETERINARIAN OR VETERINARY HOSPITAL LISTED IN #2, ABOVE, FOR ANY EXPENSES YOU INCURRED AS A RESULT OF SERVICES PROVIDED YOUR PET?

Yes _____ No _____

6. IF THIS MATTER GOES TO A HEARING, WOULD YOU BE WILLING TO TESTIFY?

Yes _____ No _____

