



Office of Marketing, Animal Industries, Consumer Services & Maryland Horse Industry Board



Lawrence J. Hogan, Jr.,, Governor Boyd K. Rutherford,, Lt. Governor Joseph Bartenfelder, Secretary Mary Ellen Setting, Deputy Secretary Pat McMillan, Assistant Secretary MAICS Ross Peddicord, Executive Director MHIB The Wayne A. Cawley, Jr. Building 50 Harry S. Truman Parkway Annapolis, Maryland 21401

Internet: mda.maryland.gov/horseboard

410.841.5700 Baltimore/Washington 301.261.8106 Washington, D.C.

410.841.5780 Fax 800.492.5590 Toll Free

410.841.5786 410.841.5798

MARYLAND HORSE INDUSTRY BOARD STABLE COMPLAINT FORM

1. YOUR INFORMATION:	
Name:	Are You Over 18 Years Old: YESNO
Area code and telephone:	Fax Number:
Address:	
City	ate Zip Code
Email:	
2. COMPLAINT AGAINST:	
Facility Name:	Operator's name:
Facility address:	
City	ate Zip Code
License Number:	License Expiration Date:
3. HAVE YOU CONTACTED THE FACILITY IN YOUR COMPLAINT?	
Yes No	
If yes, what was the result?	
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4. HAVE YOU CONTACTED ANY OTHER AGENCY REGARDING THIS MATTER?	
Yes No	
If yes, list the agency and the person contacted?	
Agency:Co	ontact:
Agency:Co	ontact:
5. IF THIS MATTER GOES TO A HEARING, WOULD YOU BE WILLING TO TESTIFY?	