

OFFICE USE ONLY:	Case No.:
BM Assignment:	Lic./Status:

NOTICE OF COMPLAINT

This form is provided to assist you in reporting a complaint about the services of a licensee of the Louisiana Board of Veterinary Medicine. Please complete the information requested below, sign the form, and return the completed form and any additional documents pertaining to the complaint to the board office at:

Louisiana Board of Veterinary Medicine
263 Third Street, Suite 104
Baton Rouge, LA 70801

Persons with special needs or disabilities may contact the office for assistance to meet those needs in reporting the complaint. If you need assistance in completing this form, please contact the Board Office at (225) 342-2176.

NAME, ADDRESS, AND TELEPHONE NUMBER OF TREATING VETERINARIAN against whom the complaint is being made:

IS THIS YOUR REGULAR VETERINARIAN? _____ If "NO", please give name of veterinarian who usually cares for pet: _____

SPECIFIC COMPLAINT: _____

DATE(S) PET SEEN IN REGARD TO COMPLAINT: _____

NAME OF PET: _____ SEX: _____ AGE: _____ BREED: _____

HAVE YOU DISCUSSED YOUR COMPLAINT WITH THE VETERINARIAN? _____
 If "NO", please explain reason why: _____

WAS PET TAKEN TO A SECOND VETERINARIAN? _____
 If "YES", please give name, address, and telephone number of second treating veterinarian:

