

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**  
5825 Florida Blvd.  
Baton Rouge, LA 70806

**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) 925-6620.

Please legibly write the TREATING VETERINARIAN'S **FIRST AND LAST NAME**, CLINIC NAME, MAILING ADDRESS, AND TELEPHONE NUMBER. (*\*ALL information requested above MUST be given in order for a complaint to be filed.\**)


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:


