

FILE NUMBER

**OHIO VETERINARY MEDICAL LICENSING BOARD  
COMPLAINT INFORMATION**

**1. YOUR INFORMATION:**

NAME \_\_\_\_\_ PET NAME & BREED \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ DATES OF TREATMENT \_\_\_\_\_  
CITY, ST ZIP \_\_\_\_\_ AREA CODE & TELEPHONE \_\_\_\_\_  
Email \_\_\_\_\_

**2. COMPLAINT AGAINST:**

Enter the following information in its entirety. Because the Board does not license facilities the name of the veterinarian is required.

NAME \_\_\_\_\_ OFFICE VERIFICATION  
  
CLINIC NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY, ST ZIP \_\_\_\_\_  
AREA CODE & TELEPHONE \_\_\_\_\_

**3. IF ANOTHER VETERINARIAN TREATED YOUR PET AFTER THE VETERINARIAN LISTED ABOVE PLEASE PROVIDE THAT VETERINARIAN'S INFORMATION BELOW.**

NAME \_\_\_\_\_ OFFICE VERIFICATION  
  
CLINIC NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY, ST ZIP \_\_\_\_\_  
AREA CODE & TELEPHONE \_\_\_\_\_

**4. HAVE YOU CONTACTED THE VETERINARIAN IN YOUR COMPLAINT?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**IF YES, WHAT WAS THE RESULT?**

\_\_\_\_\_  
\_\_\_\_\_

**5. IS LEGAL ACTION PENDING?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

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

\_\_\_\_\_ Yes \_\_\_\_\_ No

\* Please note that the Board does not have authority to reimburse fees or review fee issues.

**7. PLEASE LEGIBLY WRITE OR TYPE YOUR COMPLAINT BELOW. INCLUDE ANY PERTINENT DATES, NAMES OF WITNESSES, ETC. IF YOU HAVE ANY BILLS, RECORDS, RADIOGRAPHS OR OTHER DOCUMENTATION, PLEASE ATTACH THESE ITEMS TO YOUR COMPLAINT. PLEASE USE ADDITIONAL SHEETS IF NECESSARY.**

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**MAIL YOUR COMPLAINT TO:**

**OVMLB  
77 S. HIGH ST, 16<sup>TH</sup> FLOOR  
COLUMBUS, OH 43215-6108**

**Phone: 614/644-5281  
Fax: 614/644-9038**

**Webpage: [www.state.oh.us/ovmlb](http://www.state.oh.us/ovmlb)**

**Email: [info@ovmlb.state.oh.us](mailto:info@ovmlb.state.oh.us)**