

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 _____

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.

