

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

You can also complete the form then scan and email it along with any supporting documents to director@lsbvm.org.

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 **FIRST AND LAST NAME of the VETERINARIAN (DVM), REGISTERED VETERINARY TECHNICIAN (RVT), or CAET**, CLINIC NAME, MAILING ADDRESS, AND TELEPHONE NUMBER. You should also visit www.lsbvm.org/license-verification and get the license number for the licensee. (**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:

