

State of Nevada Board of Veterinary Medical Examiners

Send Original Signed Form to: 4600 Kietzke Lane, Bldg. O, #265, Reno, NV 89502 (775) 688-1788 phone / (775) 688-1808 fax

Consumer Complaint

YOUR INFORMATION		VETERINARIAN(S) or VETERINARY TECHNICIAN(S)
Name:		Name(s):
Address:		_
City:	State: Zip:	Facility Name:
Daytime Phone#	Evening Phone #	Facility Address:
Best number and time to call_		CityStateZip
Email Address:		Date(s) of Treatment:
ANIMAL'S INFORMAT	ION	
Animal's Name:	Animals age:	Animals Breed :
COMPLAINT		
Have you discussed this	s complaint with the veterinari	an? □ Yes □ No
How did you file the co Consulting Veterinarian	simplaint? \square Letter \square Telepha(s) (if any):	none Other
Name Any Witnesses present:		inary Facility and Address
Name	Address Telephone	
If necessary, will you to	estify at a hearing regarding th	is complaint?
Signature		Date