



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) NAMED IN COMPLAINT
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Daytime Phone# _____ Evening Phone # _____ Best number and time to call _____ Email Address: _____	Name(s): _____ _____ Facility Name: _____ Facility Address: _____ City _____ State _____ Zip _____ Date(s) of Treatment: _____
ANIMAL'S INFORMATION	
Animal's Name: _____ Animals age: _____ Animals Breed : _____	
COMPLAINT	
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Complaint Summary: Please provide a sequential history of relevant facts including times and dates, identify who performed the procedure, and address your specific concerns; send documentation supporting your allegation. If necessary, attach additional typed pages. </div> _____	

Have you discussed this complaint with the individual you are filing the complaint against? Yes No

If necessary, will you testify at a hearing regarding this complaint? Yes No

Did you seek care from another veterinarian or veterinary practice? Yes No

If so, please list their name and/or veterinary facility. We may need to request information for our investigation.

Name Veterinary Facility

Signature Date