Oklahoma State Board of Veterinary Medical Examiners

2920 N. Lincoln Blvd., Suite C Oklahoma City, OK 73105
Office: (405) 522-8831

COMPLAINT FORM

INFORMATION ABOUT YOU

Name: Home Phone:

Address: Work Phone:

City: St: Zip: Cell Phone:

What is the best way to contact you: Email:

If this matter goes to a hearing, would you be willing to testify? Y N

Have you contacted the veterinarian in your complaint? Y N

INFORMATION ABOUT THE PERSON YOU ARE COMPLAINING

Name: (Please name an individual, we do not regulate facilities)

Clinic: Phone:

Address:

City: St: Zip: Email:

DESCRIPTION OF YOUR PET

Pet's Name: Species: Breed:

Age: Weight: Gender: M F Spayed/Neutered: Y N

DETAILS OF COMPLAINT

TYPE OR PRINT CLEARLY *Please be specific and describe who, what, where, why, and how the issue happened, including the past medical/surgical history, symptoms and condition (past and present) of your animal. Any records, correspondence, receipts, or invoices supporting your allegation should be included. If you have physical evidence, or if you have a deceased pet that is being temporarily preserved in a frozen state, it is important for you to retain that evidence in its original condition. Also, enclose any copies of records or reports from any other veterinarian that has been employed as a second option or consultant, including his name, address and work phone number. Please note that we do not have the authority to investigate fees you believe are too high or to intervene in fee disputes; however, we can investigate complaints involving fraudulent billing.*

☐ Additional sheets are attached

To the best of my knowledge, the information in this complaint is true and complete.

Signature _____ Date ____/____/____