MINNESOTA
BOARD OF VETERINARY MEDICINE

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Minneapolis, MN 55414
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Email: vet.med@state.mn.us
Website: mn.gov/boards/veterinary-medicine/

# COMPLAINT REGISTRATION FORM

| | |
|---|---|
| Complainant's Name: | Day Phone: |
| Address: | Other Phone: |
| City, State, Zip: | E-mail: |
| Subject of Complaint (name of veterinarian): | Name of Clinical or Hospital: |
| Address: | Phone: |
| City, State, Zip: | E-mail: |

I understand that I am not legally required to complete or return this form. It is offered so that the Board may properly and thoroughly evaluate and investigate this complaint, and if necessary, submit this information in any legal proceeding. Recognizing the Board's need to verify and, if necessary, legally pursue this complaint, I authorize the Board, its agents, and/or agents of the Attorney General's Office representing the Board to disclose this information to those necessary to provide further evidence (including the subject of the complaint), to witnesses, and to judicial officers should this matter proceed to hearing.

## STATEMENT OF COMPLAINT
**(Use reverse side and/or additional paper if necessary)**

| |
|---|
| The animal(s) involved in this complaint is/are: |
| Species (dog, cat, horse, etc): |
| Breed (Poodle, Siamese, etc): |
| Name: |
| Age: |
| Sex: |
| Description: |
| Signature of Complainant: |
| Date: |

# RECORDS WAIVER AUTHORIZATION

| **TO:**<br>Veterinarian or clinic: |
| --- |
| Address: |
| City, State, Zip: |

Having been informed of my rights under the Minnesota Government Data Practices Act, I, _____, authorize you to furnish a copy of my animal's medical records in your possession to the Minnesota Board of Veterinary Medicine (hereinafter "Board"), or to allow those records to be inspected and/or copied by the Board, its agents, and agents of the Attorney General's office representing the Board for the use of the Board in an investigation; if necessary, said records may be introduced as evidence in all legal proceedings with respect to this matter. I further authorize you to testify without limitation as to any and all of your findings and/or treatment referred to in said records. I release you, the Minnesota Board of Veterinary Medicine, its agents, and the agents of the Attorney General's office representing the Board from liability for so releasing said records or so testifying.

I also agree to permit and hereby authorize the Board to use my name and/or my records in any legal proceeding arising out of this matter.

| Signature of Animal Owner: |
| --- |
| Phone: |
| Address: |
| City, State, Zip: |
| Date: |

PLEASE RETURN COMPLETED FORM TO BOARD OF VETERINARY MEDICINE