

VETERINARY TREATMENT COMPLAINT FORM

Acknowledgement

1. I have read and understood all the contents of the guidelines for lodging a complaint.
[If not, please consult the guidelines as your complaint will be assessed only within the boundaries of the guidelines.]
2. I am aware that only veterinary complaints involving professional misconduct or negligence based on standards set out in the Code of Ethics for Veterinarians will be investigated. I acknowledge that my complaint **does not** fall into any of the following categories which will **not** be assessed:
 - ☐ Scale of veterinary fees, or disputes about fees and charges e.g. unfair pricing, overpricing of services, etc.
 - ☐ Requests for apologies, compensations, refunds and/or clinical advice
 - ☐ Quality of customer service e.g. failure to provide appointments at an agreed time
 - ☐ Matters that fall under the control of another statutory authority or an agency given specific powers under other legislation e.g. assault, theft, physical injuries sustained while in the vet centre, etc.
 - ☐ Matters that have been privately resolved or settled between the clinic and the complainant with/without the help of a third-party mediator e.g. CASE or Small Claims Tribunals
 - ☐ Matters relating to diagnosis and treatment from individuals who are not able to prove ownership of the pet
 - ☐ Civil matters such as boundary, planning and pet ownership disputes, or alleged minor disturbances between the practice and neighbours e.g. noise complaints
3. I have also considered directing my complaint to other possible avenues, including but not limited to approaching:
 - the veterinarian and/or veterinary clinic directly for conflict resolution
 - Small Claims Tribunal (e.g. claims disputes)
 - appropriate authorities (e.g. HDB, SLA, URA, etc.) for civil disputes, such as noise complaints
 - the police for violence or abuse against individuals
4. I have duly noted that it typically takes **at least a year** for a complaint to be processed, thoroughly investigated and for the case to be concluded. I understand that the indicated timeline for the processing of complaints is an estimate and not a guarantee that an outcome will be issued within a certain period.
5. I declare that I have made attempts to resolve my complaint directly with the veterinarian, practice manager and/or veterinary practice involved but there was no acceptable outcome. I have attached all relevant supporting documents reflecting said correspondence(s).

Signature of complainant

Name:

Date:

COMPLAINANT DETAILS			
Title: Dr <input type="checkbox"/> / Mr <input type="checkbox"/> / Mrs <input type="checkbox"/> / Ms <input type="checkbox"/>			
Surname/Family Name*:		Given Name(s)*:	
Address:	Postal Code:		
Home number:		Mobile number:	E-mail:
Relationship to pet owner (if not the owner):			

**Please indicate name as in NRIC/passport*

OWNER OF ANIMAL (IF DIFFERENT FROM ABOVE)			
Title: Dr <input type="checkbox"/> / Mr <input type="checkbox"/> / Mrs <input type="checkbox"/> / Ms <input type="checkbox"/>			
Surname/Family Name*:		Given Name(s)*:	
Address:	Postal Code:		
Home number:		Mobile number:	E-mail:
Name of pet owner as registered at vet centre:			

**Please indicate name as in NRIC/passport*

ANIMAL DETAILS			
Name:		Species:	
Age:		Breed:	
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/> Entire <input type="checkbox"/> Sterilised <input type="checkbox"/>	Colour:	
Microchip number:		Dog licence number [^]	

[^]Please note that you will be subject to enforcement action if the dog is not licensed with AVS.

VETERINARIAN DETAILS			
Name(s):		Name of clinic/hospital:	
Address of clinic/hospital			
Start date of treatment:	(dd/mm/yyyy)		
End date of treatment:	(dd/mm/yyyy)		
Was a post-mortem examination carried out?	Yes <input type="checkbox"/> Lab report reference: A-MAM-	No <input type="checkbox"/> Please note that without a post-mortem examination report, the exact cause of death cannot be ascertained.	Not Applicable <input type="checkbox"/> Reason:

OTHER VETERINARIANS INVOLVED IN TREATMENT OF THE CASE (AT SAME PRACTICE OR DIFFERENT PRACTICE)			
Name of veterinarian(s):		Name of clinic/hospital:	
Detail involvement:			
Date the animal was presented:	(dd/mm/yyyy)		
Name of veterinarian(s):		Name of clinic/hospital:	
Detail involvement:			
Date the animal was presented:	(dd/mm/yyyy)		
Name of veterinarian(s):		Name of clinic/hospital:	
Detail involvement:			
Date the animal was presented:	(dd/mm/yyyy)		

The following sections are important in assisting us to clearly understand your main concerns and to ensure all issues are addressed. If there is insufficient space, please attach a separate sheet.

COMPLAINT SUBMISSION – ACCOUNT OF THE INCIDENT

Provide a chronological account of the incident, noting the following:

- Reasons the animal was presented to the veterinarian
- Details of events that occurred
- Include relevant dates
- Please use factual and non-emotive language

LIST OF SPECIFIC ISSUE(S) YOU WISH TO BE ADDRESSED

Provide a clear summary of your main concerns in this incident and what you hope to achieve from this investigation. Please use factual and non-emotive language.

DECLARATION BY COMPLAINANT			
I understand that the information given in this complaint form will be sent to the veterinarian for comment, and may be provided to other persons from whom a further opinion or comment might be sought during the investigation.			
Complainant signature:		Date:	
I declare that all information provided in this form is true and correct to the best of my knowledge.			
Complainant signature:		Date:	

DECLARATION BY OWNER (IF NOT COMPLAINANT)			
I declare that I am the owner and I have read the complaint form and the accompanying documentation. I declare that all information provided is true and correct to the best of my knowledge.			
Signature of owner:		Date:	