

National Parks Board / Animal and Veterinary Service Licensing and Compliance Branch
52 Jurong Gateway Road #09-01, Singapore 608550
Email: Cheryl_Germono@nparks.gov.sg
DID: 6805 2521 Website: www.avs.gov.sg

VETERINARY TREATMENT COMPLAINT FORM

COMPLAINANT DETAILS							
*PLEASE INDICATE NAME AS IN NRIC / PASSPORT							
Title: Dr							
Surname/Family Name:			Given Names:				
NRIC No (Singaporeans/PRs)			Passport No: (Foreigners)				
Address:	Postal Code:						
Home number:	Mobile number		•	E-mail:			
Relationship to pet owner * (if not the owner):							
OWNER OF ANIMAL (IF	DIFFERENT FRO	M ABOVE)					
*PLEASE INDICATE NA	ME AS IN NRIC / F	PASSPORT					
Title: Dr	/ Ms						
Surname/Family Name:			Given Names:				
NRIC No. (Singaporeans/PRs)			Passport No.: (Foreigners				
Address:	Postal Code:						
Home number:	Mobile number			E-mail:			
Full name of pet owner registered at vet centre:							
ANIMAL DETAILS							
Name:			Species:				
Age:			Breed:				
Sex:	Male Female Entire Sterilised		Colour:				
Microchip number:			Dog licence number*				

^{*}Please note that you will be subject to enforcement actions if the dog is not licensed with AVS.



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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?	A-MAM- post-repor death		e note that without mortem examination t, the exact cause on cannot be tained.	ı		
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)					



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PROFESSIONAL STANDARDS AND COMPLAINTS GUIDELINES						
Have you read the guidelines for lodging a complaint?	Yes					
If no, please consult the guidelines as your complaint will be assessed only within the boundaries of the guidelines.						
ATTEMPTS TO RESOLVE YOUR COMPLAINT WITH THE PRACTICE						
Have you discussed your complaint with anyone from the practice concerned?	Yes					
If no , please seek an explanation from the veterinarian or the Veterinary Manager a complaint.	of the practice before lodging					
Please provide reasons for not attempting to resolve the complaint with the practice.						
If yes , with whom did you discuss your complaint and what was the outcome?						
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						



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LIST OF SPECIFIC ISSUE(S) YOU WISH TO BE ADDRESSED					
Provide a clear summary of your main concerns in this incident which you wish to be addressed. Please use factual and non-emotive language.					
Provide a clear summary	of what you hope to achieve from	this investigation:			
DECLARATION BY CO	MPLAINANT				
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 give permission for the release of the clinical records. If a second/third veterinarian was involved in the care of my animal I give permission for all veterinarians to comment on this case.					
Signature of person in whose name the veterinary records are kept:		Date:			
I declare that all information provided in this form is true and correct to the best of my knowledge, information and belief.					
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, information and belief.					
Signature of owner:		Date:			