

REQUEST FOR AN INQUIRY INTO THE PROFESSIONAL CONDUCT OF A VETERINARIAN

PROCEDURE

To file an application for an inquiry into the conduct of one or more veterinarians, please complete this form and provide your declaration. (See Section D)

You can fill out the form directly online and print it, or print it first and fill it out by hand. Please send your form to the Office of the Syndic:

800 Avenue Sainte-Anne, Suite 300, Saint-Hyacinthe, Québec J2S 5G7
Phone: 1 800 267-1427 ext. 248 Fax: 450 771-0131 bureau.syndic@omvq.qc.ca

For any additional questions, contact the Office of the Syndic of the Ordre des médecins vétérinaires du Québec or visit our Website at www.omvq.qc.ca. Please note that involvement of the Office of the Syndic in a case DOES NOT entail any form of financial compensation.

A) CONTACT INFORMATION OF THE COMPLAINANT

Please note that the contact information you provide here is the information the Order will use to reach you. Once you have submitted an application, it is important that you notify the Office of the Syndic of any change of address.

Mr. Ms.

Last name: _____ First name: _____

Address: _____
Street number Street Apartment

City: _____ Postal code: _____ Province: _____

Email: _____

Telephone (home): _____ Telephone (work): _____

Telephone (mobile): _____ Other: _____

Are you the owner of the animal? Yes No

If you are not the owner of the animal, please tell us your relationship to the owner and the animal with regard to this application.

Is the veterinarian named in this application the animal's regular veterinarian? Yes No

If not, please provide the contact information for the regular veterinarian: _____

If you are submitting this application on behalf of an organization or company, please complete the additional fields below:

Name of the organization or company: _____

Your title or position in this organization or company: _____

B) CONTACT INFORMATION OF THE VETERINARIAN(S) NAMED IN THIS APPLICATION

Please provide as much information as possible to help us identify the veterinarian(s).

Last name: _____ First name: _____

Speciality (if relevant): _____

Where did the consultation take place?

Centre Hospital Clinic Office At Home Elsewhere (specify): _____

Name of the veterinary facility involved: _____

Address: _____
Street number Street Office number

City: _____ Postal code: _____ Province: _____

Email: _____

Telephone (home): _____ Telephone (work): _____

Telephone (mobile): _____ Other: _____

Please indicate on a separate sheet the names of any other veterinarians involved in this application.

C) SUMMARY OF YOUR CONCERNS

On the next page, please describe the situation, providing, if possible, the following information:

- **The nature of your complaint or dissatisfaction**
- **The reason(s) you consulted a veterinarian**
- **The place where the consultations or events occurred**
- **The dates of the medical consultations or treatments**
- **A description of the actions taken to try to resolve the problem with the veterinarian or veterinary facility, as the case may be**
- **What you expect from this inquiry**
- **The contact information of all witnesses**

If necessary, you can add one or more sheets to the declaration.

Please attach a copy of all relevant documents required for the review of your application, if relevant.

I certify that the information provided in this application is true. I agree to cooperate with the Office of the Syndic at any time during the inquiry process, answer questions and provide all information and documents requested in support of this inquiry until the matter is resolved.

Mandatory signature: _____ Date: _____

Last name/First name: Please print _____

D) YOUR DECLARATION

