**Permission Form – Investigation of Filed Allegation\*\***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for the Newfoundland and Labrador College of Veterinarians (the College) Registrar and Governing Board to obtain and view all medical records\* of my pet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Further, I give permission to the College to disclose my signed correspondence dated , which I hereby confirm I have filed with the College’s Registrar as an allegation that the veterinary clinic and/or veterinarians that I have named below have engaged in conduct deserving of sanction in relation to their treatment of my pet (named above). I understand that the veterinary clinic and/or veterinarians that I have named below will be given an opportunity to respond to my allegation against them.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Veterinary Clinic (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Veterinarian (please print) Name of Veterinarian (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Veterinarian (please print) Name of Veterinarian (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name (please print) Your Signature Date

\* This form must contain the signature of the owner of the pet according to veterinary records.

\*\* “Complaints” against veterinary clinics and veterinarians are referred to as “allegations of conduct deserving of sanction” under the Veterinary Medical Act, 2004, Statutes of Newfoundland and Labrador.