



## Notification Form

If you have concerns about your vet, we recommend that you do the following in the first instance.

- Discuss your concerns with your vet. You could do this in person or by writing to the vet or their practice. Raising your concerns directly with the vet (or the senior vet at the practice or practice manager) can often resolve issues. The Code of Professional Conduct for Veterinarians requires all vets to respond to concerns in a timely, honest and constructive manner.
- Look at our website for more information about our process. Please note that, as part of our statutory regulatory process, we can consider concerns about a vet's conduct or competence. We can't:
  - look at issues that relate solely to fees (these can be raised with the Disputes Tribunal).
  - order a vet to pay you compensation.
  - investigate issues that don't involve a vet. Council cannot address issues about staff in vet clinics that aren't vets, or about practices in general.
  - generally address anonymous notifications. If you have concerns about this please call us.
- Review the [Code of Professional Conduct](#) that all vets are obliged to follow. If you believe there has been a breach of the Code, you can raise your concerns with us using this form. In considering the matter, Council will refer to the Code and its other practising standards.

Please try to answer all of the questions in this form. If there are any you can't answer, write 'unknown' or 'not applicable'.

We will contact you by email when we receive your form. If you have any particular communication needs that we need to know about when responding to your concern, please let us know.

### **Send your completed form and any supporting documentation to:**

The Deputy Registrar (Standards)  
Veterinary Council of New Zealand (VCNZ)  
PO Box 10-563, Wellington 6143

Or email to [info@vetcouncil.org.nz](mailto:info@vetcouncil.org.nz)

If you are unsure about notifying us or would like to discuss your concerns, please contact us on 04 473 9600.

## PART A: About you

### 1. About you

1<sup>st</sup> Notifier: Dr/Mr/Mrs/Ms/Miss (circle one)

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

2<sup>nd</sup> Notifier (if applicable): Dr/Mr/Mrs/Ms/Miss (circle one)

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

### 2. Your contact details

*If there is more than one notifier please provide one set of contact details. We will contact you by email unless you request otherwise.*

Email: _____	Contact Numbers
Address: _____	Work/Day: O _____
Suburb: _____	Home: O _____
City and Postcode: _____	Mobile: O2 _____

### 3. What is your role in this concern? (tick one)

- |                                |                                                             |
|--------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Owner | <input type="checkbox"/> The agent of the animal/herd owner |
| <input type="checkbox"/> A vet | <input type="checkbox"/> Other (please specify) _____       |

### 4. Animal/Herd Details

Name of animal (or description of the herd):

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

Animal Type: (dog, cat, dairy cow/s etc) \_\_\_\_\_

If relevant: Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Colour: \_\_\_\_\_

## PART B: The vet(s)

*We can only address concerns about a specific vet who has been identified. i.e. we cannot address a concern about a clinic or organisation; or an unnamed person.*

### 5. Vet Details

#### 1<sup>st</sup> Vet

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Clinic or practice: \_\_\_\_\_

Address: \_\_\_\_\_ Work/Day: O \_\_\_\_\_

Suburb: \_\_\_\_\_ Home: O \_\_\_\_\_

City and Postcode: \_\_\_\_\_ Mobile: O2 \_\_\_\_\_

#### 2<sup>nd</sup> Vet (if applicable)

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Clinic or practice: \_\_\_\_\_

Address: \_\_\_\_\_ Work/Day: O \_\_\_\_\_

Suburb: \_\_\_\_\_ Home: O \_\_\_\_\_

City and Postcode: \_\_\_\_\_ Mobile: O2 \_\_\_\_\_

*If you are raising a concern about more than two vets please attach an extra page with their details.*

### 6. Did any other vet provide treatment? E.g. your regular vet or the referring vet if not listed above.

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Clinic or practice: \_\_\_\_\_

Address: \_\_\_\_\_ Work/Day: O \_\_\_\_\_

Suburb: \_\_\_\_\_ Home: O \_\_\_\_\_

City and Postcode: \_\_\_\_\_ Mobile: O2 \_\_\_\_\_

*If there is more than one other vet who treated your animal, please attach an extra page with their details.*

## PART C: Your concern(s)

*Please refer to our website and the Code of Professional Conduct to help you fill out this section.*

### 7. What happened?

Please describe the **relevant** events. Make sure you include information on dates, who was present and details about the treatment received. Bullet point format or a timeline is the preferred way of describing your concern.

**8. Summary of concerns**

My concerns are about *(tick one or both boxes)*:

- Unsatisfactory treatment
- Inappropriate behavior

Please briefly summarise each of your main concerns here (bullet point).

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**9. Do you have supporting documents relating to the event(s)?**

e.g. reports from other vets, photos of the injury/disease, your animal's clinical records etc.

- No *(Go to question 10)*
- Yes *(Please attach all supporting documentation)*

**10. Were there any witnesses?**

- No *(Go to question 11)*
- Yes

Please provide names and details below of any witnesses that can be contacted if required.  
*Note that the committee may decide that further information from this person is not needed.*

Name	Relationship to the event	Phone number
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

*Please attach their statement (if you have one) to this form.*

**11. Have you discussed your concerns directly with the vet/s or practice involved?**

- No *(Go to question 12)*
- Yes Who did you talk to and when?

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Please provide details of your discussion, including any outcome reached.

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**12. Have you spoken with any other agency/organisation about this matter?**

E.g. the Ministry for Primary Industries, the Privacy Commissioner, the Disputes Tribunal, the Police.

*If a concern has been lodged with another organisation, we will not normally start an investigation while the other investigation is underway. If you have been through one of these processes, please provide details below.*

No

Yes (Provide details, including the outcome)

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**13. What do you want to happen as a result of raising this concern?**

We do not have the jurisdiction to decide on concerns that are solely about fees; these can be directed to the Disputes Tribunal.

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**PART D: Declaration**

I understand that VCNZ may send any or all of **the information provided to the vet concerned** and/or other persons approved by VCNZ.

I declare that all information provided is a correct and true account.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name (print name): \_\_\_\_\_

**Privacy Notice**

Any personal information submitted on this concern will be kept and maintained by the Veterinary Council of New Zealand (VCNZ) in accordance with the New Zealand Privacy Act 1993. Personal information submitted will be used by VCNZ in connection with complaints and disciplinary processes. You may request access to see any personal information held about you and where that information is inaccurate, ask for it to be corrected.

## Checklist

Before sending this form, please check that you have:

- Completed all relevant sections of the form and attached any additional pages. Please ensure you have named a specific veterinarian (not an organisation/clinic).
- Attached all supporting documents.
- Ensured that the information you have provided clearly sets out your concerns. Giving us all the relevant information in the first instance will speed up the process for you.
- Understood and signed Part D (declaration).

**Thank you for completing this form.**