State of Maine
Office of Attorney General
Consumer Protection Division
Consumer Mediation Service
6 State House Station
Augusta, ME 04333-0006

WILLIAM J. SCHNEIDER,
Attorney General

Complaint #
Mediator
PDF

COMPLAINT FORM
ANIMAL

Please answer the questions below as completely as possible and **include copies** of your bills, contracts, estimates, receipts, warranty, advertisements, etc. **Do not send originals. Please print neatly or type. Please do not use staples.**

Name Of Business Complaint Is To Be Filed Against

Name of Business _____

Address _____

City _____ State _____ Zip _____

Tel: _____
Fax:: _____
Email: _____

Name of Consumer

Your name _____

Address _____

City _____ State _____ Zip _____

Tel: Work _____ Home _____
Cell: _____Fax:_____
Email: _____

What is the nature of the complaint:

The health or condition of the animal ____, Registration papers ____, Breeding ____, Kennel ____, Other ____

Specific details about the animal:

What is the species & breed of the animal? _____
Animals name _____
Date of Birth _____ Sex _____
Tattoo or microchip #_____
Age at purchase _____ Present age _____
Date animal was taken home _____
Date you took your animal for first vet visit _____
Is this animal still alive at this time? Yes _____ No_____
Date the animal died. _____
Date the animal was euthanised. _____

Specific details about the purchase:

Date of the purchase: _____
Total price of the purchase: _____
Do you have a receipt for the sale? _____
Did you pay sales tax? _____
Was the animal advertised? _____
Was the advertisement accurate? _____
Did you sign a contract? _____
Did you receive a warranty? _____
Did you purchase the animal as a companion? _____
Did you purchase the animal to breed? _____

Did the seller provide:

A copy of the Maine "Sale of Dogs and Cats" Law?	Yes _____	No _____
Date(s) the animal had been seen by a veterinarian prior to purchase?	Yes _____	No _____
A record of inoculations and worming?	Yes _____	No _____
If there was any known health problem, a signed statement indicating the health problem?	Yes _____	No _____
A verbal or written statement the animal had no known health problem at time of delivery?	Yes _____	No _____
For purebred animals, eligible for registration, were papers provided at time of sale?	Yes _____	No _____
If the papers were held until completion of a contract condition, was that contract condition met and did you receive your registration papers?	Yes _____	No _____

Have you submitted this matter to another agency or lawyer? Yes _____ No _____

Agency's or lawyer's name and phone:_____

Have you sued the company or has the company sued you? Yes ____ No ____

May we send a copy of this complaint to the business? Yes ____ No ____

If you check "**no**" we will not be able to mediate your complaint.
However, we will keep your complaint in our files.

PLEASE COMPLETE THE OTHER SIDE

Please summarize your complaint in the space below. This complaint petition will be the only document we forward to any interested parties. Describe any promises the business made and whether those promises were kept. You may send in additional and more detailed materials and statements to assist us in our mediation effort, but please keep them separate from this complaint.

How did the business respond to your complaint?

What do you believe would be a fair resolution of your specific complaint?

Today's date: _____ Your Signature: _____

Please indicate which age category applies to you (statistical purposes only):

Under 18( ) 18-29( ) 30-39( ) 40-49( ) 50-59( ) 60-69( ) 70-79( ) 80-89( ) 90 plus( )

This complaint form is valid only when accompanied by a letter from the Office of Attorney General.