Texas Animal Health Commission

Complaint Form

Subject of Complaint			
Name ❑ Mr. ❑ Ms. ❑ Dr.		Business Name	
Phone	Fax	Email	
Address			
City		State	ZIP + 4

Alleged Violation		
Location of Incident	County	Date and Approx. Time
Brief Description of Incident		

Person Registering Complaint – Skip this section if you wish to remain anonymous.			
Name ❑ Mr. ❑ Ms. ❑ Dr.		Business Name	
Phone	Fax	Email	
City		State	ZIP + 4

Submit completed form to TAHC.

By Mail:
Legal and Compliance Department, MC-554
P.O. Box 12966
Austin, TX 78711-2966

By Email:
tahc-complaints@tahc.state.tx.us

By Fax:
512-719-0721

If you need assistance or have questions, please contact TAHC at 1-800-550-8242 x 724.

TAHC Form 08-04 (Issued 03/12/2008)