

[Your Name/Practice Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email]

[Date]

[Recipient Name/Organization Name]

[Department, e.g., Records Department]

[Address]

[City, State, Zip Code]

Subject: Request for Reinstatement of Veterinary Record Submission

Dear [Recipient Name],

I am writing to formally request the reinstatement of my account/access for submitting veterinary records to [Organization Name]. Our submission privileges were recently [suspended/deactivated] effective [Date] due to [mention brief reason, e.g., administrative oversight, technical error, or missing documentation].

We have addressed the underlying cause of the suspension by taking the following actions:

- [Action 1: e.g., Submitted all outstanding reports]
- [Action 2: e.g., Updated practice license information]
- [Action 3: e.g., Implemented a new filing protocol to prevent future delays]

Please find the necessary documents attached to this letter to complete our compliance requirements. We understand the importance of timely and accurate record submission for [mention purpose, e.g., public health tracking/insurance processing/regulatory compliance] and are committed to maintaining these standards moving forward.

We kindly ask that you review our file and reinstate our submission status at your earliest convenience. If you require any further information or clarification, please contact me directly at [Phone Number].

Thank you for your time and assistance regarding this matter.

Sincerely,

[Signature]

[Your Printed Name]

[Your Title/License Number]