



**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**  
**VETERINARIAN CHANGE OF INFORMATION REPORT FORM**

NAME: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**What are you changing? Circle all that apply.**

HOME ADDRESS      PLACE OF EMPLOYMENT      LAST NAME      PREFERRED MAILING ADDRESS

**HOME ADDRESS CHANGE INFORMATION:**

NEW Home Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**EMPLOYMENT CHANGE INFORMATION:**

NEW Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**LAST NAME CHANGE INFORMATION:**

PREVIOUS Last Name: \_\_\_\_\_ NEW Last Name: \_\_\_\_\_

**\*\*You are required to include a copy of the document that legally defines that change.\*\***

**PREFERRED MAILING ADDRESS CHANGE:**

Please circle ONE:      HOME      or      PREMISE

NOTE: The computer-generated directory and mailing labels that can be purchased for commercial and non-commercial purposes will reflect your preferred mailing address. This will be your address of record for public record purposes and for correspondence from the Board.

**Please return your completed request form via fax, email, or mail to:**

Arizona State Veterinary Medical Examining Board  
9535 E. Doubletree Ranch Rd., Suite 100, Scottsdale, AZ, 85258  
FAX: (602) 364-1039    EMAIL: [Deb.Turner@vetboard.az.gov](mailto:Deb.Turner@vetboard.az.gov)

Questions? Phone (602) 364-1738