

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
9535 E. DOUBLETREE RANCH ROAD, SUITE 100, SCOTTSDALE, AZ85258
PHONE: (602) 542-8166 FAX: (602) 364-1039

REQUEST FOR VERIFICATION OF LICENSURE OF VETERINARIAN



A fee of \$15.00 must be submitted with this request in order to be processed. Accepted forms of payment are by check, money order, cash or cashier's check. Credit cards are not accepted.

VETERINARIAN AUTHORIZATION:

Name: _____ License No.: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Email: _____

***Has any of the above information changed:** Yes No

Check all that apply:

 Last Name Address Phone Email Address

***If you have had a last name change, you are required to include a copy of the document that legally defines that change.**

VETERINARIAN SIGNATURE: _____ DATE: _____



I authorize the Arizona State Veterinary Medical Examining Board to release information regarding the status, i.e., active, lapsed, probationary, etc., the original issuance date and expiration date, and any disciplinary action that has been taken against my Arizona Veterinary License to the party listed below.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone: _____

(Complete if other than USA)