ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
9535 E. DOUBLETREE RANCH ROAD, SUITE 100 SCOTTSDALE, AZ 85258
Phone: (602) 542-8166
Email: kodi.calais@vetboard.az.gov

REQUEST FOR VERIFICATION OF LICENSURE FOR VETERINARIANS

FEE IN THE AMOUNT OF $15.00 CASH, CHECK OR MONEY ORDER MUST BE SUBMITTED WITH REQUEST IN ORDER TO BE PROCESSED. THANK YOU.

APPLICANT AUTHORIZATION:

NAME: _____ LICENSE NO:_____

ADDRESS:_____

CITY:_____ STATE_____ ZIP_____ COUNTY_____

PHONE:_____

___ **Please check if your mailing address has changed.**

I authorize the Arizona State Veterinary Medical Examining Board to release information regarding the status, i.e., active, lapsed, probationary, etc., the original issue 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:_____

APPLICANT SIGNATURE:_____ DATE:_____