

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE: (602) 542-8166

EMAIL THIS FORM TO: LICENSING@VETBOARD.AZ.GOV

- OR -

FAX TO (602) 364-1039

REQUEST FOR VERIFICATION OF LICENSURE OF VETERINARIAN



NOTE: Due to COVID-19 related procedures, there is currently no fee required for the verification! Your request is expected to be processed within 5 business days or less.

APPLICANT AUTHORIZATION:

NAME:

LICENSE NO:

ADDRESS:

CITY:

STATE:

ZIP:

COUNTRY:

(Complete if other than USA)

PHONE:

EMAIL:

Please check this box if your 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 issuance date and expiration date, and any disciplinary action that has been taken against my Arizona Veterinary License to the party listed below.

APPLICANT SIGNATURE: _____ DATE:

ADDRESS OF LOCATION YOU WANT THE VERIFICATION TO BE MAILED:

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

COUNTRY:

(Complete if other than USA)