



ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

VETERINARIAN CHANGE OF INFORMATION FORM

Name: _____ License Number: _____

What are you changing? Check all that apply.

HOME ADDRESS

PLACE OF EMPLOYMENT

LAST NAME

EMAIL ADDRESS

ALTERNATE ADDRESS(FOR PUBLIC RECORDS REQUESTS ONLY.)

PHONE NUMBER(S)

COMPLETE THE CHANGED INFORMATION BELOW

HOME ADDRESS INFORMATION:

New Home Address: _____ Apt. #: _____

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

Phone: _____ Email Address: _____

EMPLOYMENT INFORMATION:

New Employer: _____

Address: _____ City: _____

State: _____ Zip: _____ Work Phone: _____

LAST NAME INFORMATION:

Previous Last Name: _____ New Last Name: _____

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

IMPORTANT INFORMATION

For public record requests, such as licensee directories, your home address will not be disclosed unless your place of employment is outside of Arizona or is not an Arizona-licensed veterinary premise. If you fall into those categories, you may provide written notification to the Board that you wish to use an alternative address, such as a P.O. Box for these public information requests. This is not the address where Board information is mailed.

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

Arizona State Veterinary Medical Examining Board
1740 W. Adams St., Suite 4600, Phoenix, AZ 85007
EMAIL: kodi.calais@vetboard.az.gov Phone (602) 542-8166