



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

PREFERRED MAILING ADDRESS

PHONE NUMBER(S)

EMAIL ADDRESS

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. ****

PREFERRED MAILING ADDRESS:

Please select one: HOME PREMISE (AZ-licensed premise only)

NOTE: By selecting "Home" or "Premise," you are selecting the mailing address you wish the Board to mail you all correspondence. Please be aware that the mailing address for some premises may not be the physical address, so choose carefully. If your place of employment is outside of Arizona or is not an Arizona-licensed veterinary premise, all correspondence will be mailed to your home address.

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.

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

Arizona State Veterinary Medical Examining Board
1740 W. Adams St., Suite 4600, Phoenix, Arizona 85007
FAX: (602) 364-1039 EMAIL: kodi.calais@vetboard.az.gov
Questions? Phone (602) 542-8166