



# 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: [licensing@vetboard.az.gov](mailto:licensing@vetboard.az.gov) Phone (602) 542-8166