

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**  
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007  
PHONE: (602) 542-8166 FAX: (602) 364-1039  
EMAIL: KODI.CALAIS@VETBOARD.AZ.GOV

REQUEST FOR VERIFICATION OF LICENSURE OF VETERINARIAN



A fee of \$15.00 must be submitted with this request in order to be processed. Accepted forms of payment are by cash, check, money order or cashier's check. Credit cards are not accepted.  
Request is processed within 3 business days or less.

**APPLICANT AUTHORIZATION:**

NAME: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
COUNTRY: \_\_\_\_\_  
(Complete if other than USA)  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Please check the box if your mailing address has changed.**

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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.

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
COUNTRY: \_\_\_\_\_  
(Complete if other than USA)