



State of New Mexico

# Board of Veterinary Medicine



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\_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_

Requested by: \_\_\_\_\_

(Name)

(Title)

7301 Jefferson Street, N.E., Suite H  
Albuquerque, NM 87109-4363

[www.bvm.nm.gov](http://www.bvm.nm.gov)

Telephone 505.553.7021