State of New Mexico
# Board of Veterinary Medicine

**MICHELLE LUJÁN GRISHAM**
*Governor*

Lawrence D. Young, DVM
*Chair*

Deborah L. Schenk
*Executive Director and CFO*

# PERSONAL RECOMMENDATION

*(PLEASE TYPE OR PRINT LEGIBLY)*

*This form is to be completed by a non-veterinarian who is personally acquainted with the applicant. This form serves as one letter of recommendation. Form may be copied; additional sheets of paper may be attached as necessary. This form is available for download from the web site address at bottom of page.*

| APPLICANT NAME – Please Print | NAME OF INDIVIUDAL MAKING RECOMMENDATION – Please Print |
|---|---|
| | |

Following is my personal recommendation to the Board of Veterinary Medicine in support of the named applicant's application for licensure to practice veterinary medicine in the state of New Mexico:

I hereby affirm that I am personally well acquainted with the applicant named above. I further affirm that I am the person who executed the above recommendation and statement(s).

SIGNATURE

DATE

7301 Jefferson St. NE, Ste. H • Albuquerque, NM 87109-4363 • Phone (505) 553-7021 •
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