

State of New Mexico
Board of Veterinary Medicine

MICHELLE LUJÁN GRISHAM
Governor



Lawrence D. Young
Chair

Deborah L. Schenk
Executive Director and CFO

Verification of Licensure Request*
License verification fee is \$30 per state.

Full name of licensee: _____

Current mailing address: _____

Current telephone number: _____

License number of licensee: _____

Recipient Board Name: _____

Recipient Board Address: _____

City, State, Zip Code: _____

Email Address: _____

Requestor Signature _____

Date: _____

***Verifications will be mailed or emailed directly to the board(s) or to licensee in a sealed envelope. Verifications will not be sent to licensee without a licensing board name. Please specify delivery preference.**

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