

NOTICE OF ADDRESS CHANGE

Please email, fax, or mail to:

Texas Board of Veterinary Medical Examiners
1801 Congress Ave., Ste 8.800
Austin, Texas 78701
FAX: 512-305-7556
Email: licensing@veterinary.texas.gov

Please print or type

Name _____

License Number _____

Home Address: (Please No PO Boxes)

Street _____
City, State _____ County _____ Zip Code _____
Home Phone _____ Cell Phone _____
Email _____

Mailing Address:

Street/PO Box _____
City, State _____ County _____ Zip Code _____

Primary Practice Address: (Please No PO Boxes)

Practice Name _____
Street _____
City, State _____ County _____ Zip Code _____
Phone _____ Fax _____
Email _____

Secondary Practice Address (If Applicable – Please No PO Boxes)

Practice Name _____
Street _____
City, State _____ County _____ Zip Code _____
Phone _____ Fax _____
Email _____

I am not currently practicing (leave practice address blank)

Note: The mailing address is the default address. All documents, forms and letters sent to you from this agency will be mailed to this address.

Board Rule §573.76(d) requires licensees to report any name, address, or telephone number changes not later than the 60th day after the change takes place.