



State of New Mexico

Board of Veterinary Medicine



MICHELLE LUJAN GRISHAM
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Chair

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Executive Director & CFO



CHANGE OF LICENSEE NAME – VETERINARY PROFESSIONAL*

A copy of the document effecting the name change must be attached to this form.

License No. _____

Effective Date: _____

Previous Name: _____

Current Address: _____

Email Address: _____

Telephone no.: _____ Fax no.: _____

Name changed to: _____

Requested by: _____

(Typed or Printed Name)

(Date)

(Signature)

*** Information in the Board's records is subject to IPRA Requests.**

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