



State of New Mexico

# Board of Veterinary Medicine



MICHELLE LUJAN GRISHAM  
*Governor*

Rebecca J. Washburn, DVM  
*Chair*



Frances R. Sowers  
*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.**

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

[www.NMBVM.org](http://www.NMBVM.org)

Telephone 505.553.7021  
Facsimile 505.553.7024