

State of New Mexico  
**Board of Veterinary Medicine**

**MICHELLE LUJAN GRISHAM**  
*Governor*



Rebecca J. Washburn, DVM  
*Chair*

Frances R. Sowers  
*Executive Director and CFO*

**Verification of Licensure Request**  
**License verification fee is \$25 per state.**

Full name of licensee: \_\_\_\_\_

Current mailing address: \_\_\_\_\_

Current telephone number: \_\_\_\_\_

License number of licensee: \_\_\_\_\_

Instructions for delivery of verification(s): \_\_\_\_\_

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\_\_\_\_\_  
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**(Verifications can be directed to licensee in a sealed envelope or mailed directly to the board(s). Please specify.)**

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

Telephone 505.553.7021  
Facsimile 505.553.7024

