State of New Mexico
Board of Veterinary Medicine

MICHELLE LUJÁN GRISHAM
Governor

Rebecca J. Washburn, DVM
Chair

Frances R. Sowers
Executive Director and CFO

PROFESSIONAL RECOMMENDATION

(PLEASE TYPE OR PRINT LEGIBLY)

Form to be completed by a veterinarian who is personally acquainted with applicant. This form serves as one letter of recommendation. Form may be copied; additional sheets of paper may be attached as necessary. This form is available for download from web site address at bottom of page. ***FAXED COPIES ARE NOT ACCEPTED; THE DOCUMENT MUST BE NOTARIZED AND BEAR A NOTARIAL SEAL AND ORIGINAL SIGNATURES.***

APPLICANT NAME – Please Print	Name and title of individual making recommendation – Please Print

Following is my professional recommendation in support of the named applicant's application for licensure to practice veterinary medicine in the state of New Mexico:

I hereby affirm that I am professionally well acquainted with the applicant named above. I further affirm that I am the person who executed the above recommendation and statement(s).

RECOMMENDING VETERINARIAN SIGNATURE _____ DATE _____

NOTARY PUBLIC	
STATE OF	*SEAL*
COUNTY OF	
MY COMMISSION EXPIRES	

NOTARY SIGNATURE _____ DATE _____

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