



State of New Mexico

Board of Veterinary Medicine



MICHELLE LUJAN GRISHAM  
Governor

Rebecca J. Washburn, DVM  
Chair

Frances R. Sowers  
Executive Director & CFO



**NOTICE OF CHANGE OF NAME – EUTHANASIA PROFESSIONALS\***

Attach a copy of the document effecting the name change to this form.

License No. \_\_\_\_\_

Effective Date: \_\_\_\_\_

Previous Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_

Name changed to: \_\_\_\_\_

Requested by: \_\_\_\_\_

(Typed Name)

(Date)

\_\_\_\_\_  
(Signature)

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

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