



State of New Mexico

# Board of Veterinary Medicine



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## **NOTICE OF CHANGE OF ADDRESS – EUTHANASIA TECHNICIAN**

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

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

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

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

\_\_\_\_\_

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

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

New Address: \_\_\_\_\_

\_\_\_\_\_

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

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

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

(Name)

(Title)

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