



State of New Mexico

Board of Veterinary Medicine



MICHELLE LUJÁN GRISHAM  
Governor

Samantha R. Uhrig, DVM  
Chair

William J. Duran  
Executive Director & CFO



**NOTICE OF CHANGE OF NAME – EUTHANASIA TECHNICIAN**

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

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

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

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

\_\_\_\_\_

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

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

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

**A copy of the document effecting the name change must be attached to this form.**

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

(Typed/printed name)

(Date)

\_\_\_\_\_  
(Signature of typed/printed name above)