



State of New Mexico

# Board of Veterinary Medicine



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## **CHANGE OF LICENSEE NAME – VETERINARY PROFESSIONAL\***

**Information in the Board's records is public information and subject to IPRA requests.**

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

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

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

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

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

**Attach copy of the document effecting the name change.**

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

(Typed or Printed Name)

(Date)

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

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