

State of New Mexico  
Board of Veterinary Medicine

MICHELLE LUJÁN GRISHAM  
Governor



Samantha R. Uhrig  
Chair

William J. Duran  
Executive Director and CFO

**Verification of Licensure Request\***  
**License verification fee is \$25 per state.**

Full name of licensee: \_\_\_\_\_

Current mailing address: \_\_\_\_\_

Current telephone number: \_\_\_\_\_

License number of licensee: \_\_\_\_\_

Recipient Board Name: \_\_\_\_\_

Recipient Board Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

Requestor Signature \_\_\_\_\_

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

**\*Verifications will be mailed directly to the board(s) or to licensee in a sealed envelope. Verifications will not be sent to licensee without a licensing board name. Please specify delivery preference.**

7301 Jefferson Street, N.E., Suite H  
Albuquerque, NM 87109-4363

Telephone 505.553.7021  
Facsimile 505.553.7024

