

## Notice of Address Change

Please email, fax, or mail to:

Texas Board of Veterinary Medical Examiners

333 Guadalupe, Suite 3-810

Austin, Texas 78701

FAX: 512-305-7556

Email: [vet.board@tbvme.state.tx.us](mailto:vet.board@tbvme.state.tx.us)

*Please print or type*

Name \_\_\_\_\_

License Number \_\_\_\_\_

**Mailing Address:**

Street/PO Box \_\_\_\_\_

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

**Practice Address:**

Practice Name \_\_\_\_\_

Street \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Home Address:**

Street \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Note:** The mailing address is the default address. All documents, forms and letters sent to you from this agency will be mailed to this address.

The mailing address is printed on your license renewal certificate. If you have **renewed** your license this year **and** changed your mailing address **and** need a duplicate renewal certificate, please indicate below.

\_\_\_\_\_ Please send a duplicate renewal certificate.

If you were **issued** your license in the current year, you will not receive a duplicate renewal certificate because you will **renew** your license for the first time in the coming year.