

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: licensing@veterinary.texas.gov

Please print or type

Name _____

License Number _____

Home Address: (Please No PO Boxes)

Street _____
City, State _____ County _____ Zip Code _____
Home Phone _____ Cell Phone _____
Email _____

Mailing Address:

Street/PO Box _____
City, State _____ County _____ Zip Code _____

Primary Practice Address: (Please No PO Boxes)

Practice Name _____
Street _____
City, State _____ County _____ Zip Code _____
Phone _____ Fax _____
Email _____

Secondary Practice Address (If Applicable – Please No PO Boxes)

Practice Name _____
Street _____
City, State _____ County _____ Zip Code _____
Phone _____ Fax _____
Email _____

I am not currently practicing (leave practice address blank)

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.