

Notice of Name 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 (currently licensed under) _____

License Number _____

Change name to: _____
(Show how you wish your name to appear on your records. By law, we cannot exclude your middle name, but an initial may be used in its place.)

Reason for name change and legal documents required:

_____ Marriage (copy of marriage certificate will need to be submitted with form)

_____ Divorce (copy of divorce decree will need to be submitted with form) Note: You do not have to submit copy of entire divorce decree. You **must** submit the following pages: (1) page showing the names, cause number, and court; (2) page with name change; and (3) signature page.

_____ Other (copy of legal document showing name change)

NOTE: *This only changes your name on your records with us.*

****If you wish to obtain a duplicate wall license, you will need to surrender your original license. You will need to mail the license, this form with the required documents, and a check in the amount of \$40. You can make the check out to TBVME. It usually takes 2 weeks to get a duplicate wall license completed and mailed to you.****