

## 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](mailto:licensing@veterinary.texas.gov)

*Please print or type*

Name \_\_\_\_\_

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

**Home Address:**

Street \_\_\_\_\_

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

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

Email \_\_\_\_\_

**Mailing Address:**

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

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

**Practice Address:**

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

Street \_\_\_\_\_

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

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

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.