

Texas Board of Veterinary Medical Examiners

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OPEN RECORDS REQUEST

Requestor

First Name: _____ Last Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

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Please provide one or more of the following:

Licensee Name: _____

Veterinary Clinic Name: _____

License Number: _____

Docket Number (for Board Orders): _____

What documents are you requesting? (Check all that apply)

Board Orders/Disciplinary Action

Other _____

I understand that all files will have confidential information redacted.

Signature: _____ Date: _____