

Texas Board of Veterinary Medical Examiners

333 Guadalupe St., Suite 3-810

Austin, Texas 78701

Phone: (512) 305-7555 ♦ Fax: (512) 305-7574

Email: openrecords@veterinary.texas.gov

Website: www.veterinary.texas.gov

OPEN RECORDS REQUEST

Requestor

First Name: _____ Last Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Please provide one or more of the following:

Licensee Name: _____

Veterinary Clinic Name: _____

License Number: _____

Docket Number (for Board Orders): _____

What are you requesting? (Check all that apply)

Licensing File Board Orders/Disciplinary Action Other _____

I understand that all files will have the social security numbers redacted.

Signature: _____ Date: _____