

Report of Criminal Activity



Please email, fax, or mail to:

Texas Board of Veterinary Medical Examiners
333 Guadalupe Street, Suite 3-810
Austin, Texas 78701
Fax: 512-305-7556
Email: vet.board@veterinary.texas.gov

Please print legibly or type.

Name: _____

License Number: _____

Home Address:

Street _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Primary Practice:

Clinic Name _____

Street _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Criminal Activity:

Date of Arrest _____ Arresting Authority _____

Charge(s) _____

Resolution/Status _____

By my signature below, I certify that the information provided above is true and correct.

Signature: _____

Date: _____