

## Notice of Name Change

Please email, fax, or mail to:

Texas Board of Veterinary Medical Examiners  
1801 Congress Ave., Ste. 8.800  
Austin, Texas 78701  
FAX: 512-305-7556  
Email: [licensing@veterinary.texas.gov](mailto: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.\*\***