

TEXAS STATE BOARD OF VETERINARY MEDICAL EXAMINERS

333 Guadalupe Street, Tower 3, Suite 810

Austin, Texas 78701

(512)305-7555, (512)305-7556 (fax)

www.veterinary.texas.gov



MAILING LIST REQUEST FORM

STANDARD FORMAT (please indicate choice)

FORMAT: CD e-mail attachment

TYPE: CSV (text file) - most word processing software can import the data in this format to make labels, etc.

EXCEL spreadsheet - most spreadsheet and accounting software can import the data

Either file can be sorted by the receiver and the data can be manipulated within the file to suit your field arrangement needs.

DATA: Standard data includes the items checked below. Additional fields can be requested but are not considered standard data, please check any additional items you would like to have included in your request.

NAME:

Title Name License Type - please check which license type(s) you are requesting

DVM EDP LVT

ADDRESS(ES) (mailing and practice address may not be the same):

Mailing Address

Mailing Phone #

Mailing Fax #

Clinic Name

Clinic/Practice Address

Clinic/Practice Phone #

Clinic/Practice Fax #

LICENSE STATUS:

Active/Regular

Inactive

Military

Retired

Special

Provisional

Temporary

LICENSE FLAGS:

None

Cancelled

Deceased

Retired

Revoked

Surrendered

Suspended

Probated Suspension

Voluntary Cancellation

Child Support Default

Student Loan Default

LICENSE INFORMATION:

License #

Issue Date

Expiration Date

Renewal Date

Practice Type

Birth Year

Disciplinary Action

COST: Standard Data on CD (includes postage) \$50.00

Standard Data via e-mail attachment - \$50.00

CUSTOMIZATION:

If additional fields/data/records, other than those found above, are requested please note those below.

EXTRA FIELDS/DATA REQUESTED NOT CHECKED ABOVE:

All sales must be prepaid. Please submit this form along with your check, money order or cashier's check made payable to the Texas State Board of Veterinary Medical Examiners and mail it to the address given above. (Credit cards or cash are not accepted).

Please note that it can take up to 10 (ten) days after receipt of the request and payment to get the data out to you. If you need the CD sooner, please include a prepaid airbill from a private carrier (FedEx, UPS, etc.).

Company/Client Name: _____

Address: _____
 (Address) (City) (State) (Zip)

Phone#: (____) _____ Fax#: (____) _____

E-mail: _____

Enclosed \$ _____ Signature: _____ Date: _____

Pursuant to Texas Government Code 552.137 and Texas Attorney General Open Records Opinion ORD684 we are unable to provide email addresses of licensees.

§552.137: Confidentiality of Certain Email Addresses

(a) Except as otherwise provided by this section, an email address of a member of the public that is provided for the purpose of communicating electronically with a governmental body is confidential and not subject to disclosure under this chapter.

The signature on this form verifies that the company/client accepts the charges set out above. If this form is not signed, it will be returned for proper signature prior to composing and releasing the requested information/data.