Change of Address Form

North Carolina Veterinary Medical Board
P. O. Box 37549, Raleigh, NC 27627
(919) 854-5601 Fax (919) 854-5606

.0106 of the Administrative Code licensee/registrant shall keep the Board advised of all current addresses. Changes shall be reported in writing by fax or mail to the Board office within 60 days of such changes. This includes home information, practice/work information, legal name changes. Please Print Clearly

License/Registration Number: _____

Legal Name: _____
First Middle Last

Name Changes Require Legal Court Documentation

Home Address: _____
Street/P.O.Box/Apt#

_____
City State Zip Code

Phone Number: (_____) _____ County: _____

Email Address _____

Practice/Work Name: _____

Practice/Work Address: _____
Street/P. O. Box/Suite

_____
City State Zip Code

Phone Number: (_____) _____ County: _____

Practice Type (Circle One) Small Animal, Large Animal, Mixed Animal, Mobile Practice, Emergency Practice, Federal Gov., State Gov., Armed Forces, Commercial, University/Teaching, Research/Laboratory, Relief Work, Retired, Unemployed, Unrelated Field.

_____
Signature Date

Veterinarians Only

Please circle which address you would like to receive mail at: Practice/Work or Home

If not advised the Board office will use the home address for all correspondences.

NCVMB