

Change of Address Form
North Carolina Veterinary Medical Board
P. O. Box 37549, Raleigh, NC 27627
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

**You may change all of the following information (except name)
by logging into www.ncvmb.org**

License Number _____ Registration Number _____

Legal Name: _____

First

Middle

Last

Name Changes Require a copy of legal court documentation and copy of new Social Security card

Home Address: _____

Street/P.O.Box/Apt#

City

State

Zip Code

Phone Number: (_____) _____ NC County: _____

Email Address _____

Practice/Work Name: _____

Practice/Work Address: _____

Street/ P. O. Box/Suite

City

State

Zip Code

Phone Number: (_____) _____ NC County: _____

Practice Type (Circle one only) 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.