

# North Carolina Veterinary Medical Board

1611 Jones Franklin Rd., Suite 106, Raleigh NC 27606

Phone: (919) 854-5601 Fax: (919) 854-5606

## Name Change (Facility)

**1.) Please provide information requested below. This person will be the point of contact for this request.**

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Proposed Date for New Name Change:** \_\_\_\_\_

## 2.) Facility Information:

Current Name: \_\_\_\_\_

Proposed New Name:

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

### This form must be signed

I understand the instructions and terms as set forth in this application form, which I have personally completed, and that the information given is true, correct, and complete to the best of my knowledge. I authorize North Carolina Veterinary Medical Board to review state files pertaining to my licensure and practice, and all law enforcement records, administrative records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the North Carolina Veterinary Medical Board. I further understand that only a North Carolina licensed veterinarian may provide veterinary services to the public of North Carolina, and cannot by law practice Veterinary Medicine from this practice until such time that it has been inspected by the North Carolina Veterinary Medical Board.

\_\_\_\_\_  
Signature of Veterinarian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date