NOTICE OF ADDRESS CHANGE

Please email, fax, or mail to:

Texas Board of Veterinary Medical Examiners 333 Guadalupe, Suite 3-810

Austin, Texas 78701 FAX: 512-305-7556

Email: <u>licensing@veterinary.texas.gov</u>

<u>Please print or type</u>			
Name			
License Number			
Home Address: (Ple	ease No PO Boxes)		
Street			
City, State	County	Zip Code	
Home Phone		Cell Phone	
Email			
Mailing Address:			
Street/PO Box	County	Zip Code	
Street/PO Box City, State Primary Practice Ad Practice Name	County	oxes)	
Street/PO Box City, State Primary Practice Ad Practice Name Street	County Idress: (Please No PO B	oxes)	
Primary Practice Ad Practice Name Street City, State	County County	oxes)Zip Code	
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Street/PO Box City, State Primary Practice Ad Practice Name Street City, State Phone Email Secondary Practice	County County Idress: (Please No PO B County Address (If Applicable -	oxes)Zip Code Fax - Please No PO Boxes)	
Street/PO Box City, State Primary Practice Ad Practice Name Street City, State Phone Email Secondary Practice Practice Name	County County Idress: (Please No PO B County County Address (If Applicable -	oxes) Zip Code FaxPlease No PO Boxes)	
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Street/PO Box City, State Primary Practice Ad Practice Name Street City, State Phone Email Secondary Practice Practice Name Street City, State	County County Idress: (Please No PO B County Address (If Applicable -	oxes) Zip Code Fax Please No PO Boxes) Zip Code	

☐ I am not currently practicing (leave practice address blank)

<u>Note:</u> The mailing address is the default address. All documents, forms and letters sent to you from this agency will be mailed to this address.

Board Rule §573.76(d) requires licensees to report any name, address, or telephone number changes not later than the 60^{th} day after the change takes place.