

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: licensing@veterinary.texas.gov

Please print or type

Name _____

License Number _____

Home Address: (No PO Boxes allowed)

Street _____

City, State _____ County _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

Mailing Address:

Street/PO Box _____

City, State _____ County _____ Zip Code _____

Practice Address: (No PO Boxes Allowed)

Practice Name _____

Street _____

City, State _____ County _____ Zip Code _____

Phone _____ Fax _____

Email _____

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