



**State of New Hampshire
Board of Veterinary Medicine**

License Verification Request

Cost: \$20.00

Check or Money Order

Payable to NH Board of Veterinary Medicine

PO Box 2042

Concord, NH 03302-2042

Name and Address of Licensee/Former Licensee

E-mail _____

Telephone # _____

Name and Address of Receiving Veterinary Board

I hereby authorize the State of New Hampshire Board of Veterinary Medicine to send a verification of licensure to the board/jurisdiction named above.

Signature of Licensee/Former Licensee

Date