



**mn MINNESOTA**  
BOARD OF VETERINARY MEDICINE

335 Randolph Ave #215  
St. Paul, MN 55102  
Phone: 651-201-2844  
Fax: 651-201-2842  
MN Hearing/Speech Relay: 1-800-627-3529  
Email: [vet.med@state.mn.us](mailto:vet.med@state.mn.us)  
Website: [mn.gov/boards/veterinary-medicine/](http://mn.gov/boards/veterinary-medicine/)



## LICENSE VERIFICATION REQUEST FORM

| VETERINARIAN'S AUTHORIZATION  |  |  |
|---|--|--|
| Name:   |  | License #:   |
| Date of Birth:  |  |  |
| Address:  |  |  |
| City, State, Zip:   |  |  |
| E-mail:   |  |  |
| Have you ever been subject to a complaint investigation in the State of Minnesota?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I authorize the Minnesota Board of Veterinary Medicine to release the information above to the Veterinary Medicine Board of _____ (state/province). |  |  |
| Requesting Veterinarian's Signature:  |  | Date:  |

| BOARD VERIFICATION<br>(Information about where this form shall be sent) |
|---|
| Board Name:   |
| Board Address:  |
| City, State, Zip:   |

Please complete this form in its entirety and return it to the Board office  
at: Minnesota Board of Veterinary Medicine

335 Randolph Ave #215  
St. Paul, MN 55102

Please include a \$25.00 check payable to the MN Board of Veterinary Medicine.