



# Minnesota Board of Veterinary Medicine

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## LICENSE VERIFICATION FORM

### APPLICANT AUTHORIZATION

(Applicant – send this form to any state/province where you are currently licensed or during the past ten years have been licensed to practice veterinary medicine)

Name:	License #:
Address:	
City, State, Zip:	
I authorize the Veterinary Medical of _____ (state/province) to release the information below to the Minnesota Board of Veterinary Medicine.	
Applicant Signature:	Date:

### BOARD VERIFICATION

(Board – return this form directly to Minnesota Board of Veterinary Medicine)

Board Name:	
Board Address:	
City, State, Zip:	
Board Phone:	Applicant License #:
Current license status: (Active, inactive, lapsed, etc)	Date Issued:
Disciplinary action:	If yes, please attach a copy of the disciplinary order.

\_\_\_\_\_  
Signature of Board Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

SEAL