



Minnesota Board of Veterinary Medicine

2829 University Avenue SE #401
Minneapolis, MN 55414
651-201-2844
651-201-2842 Fax
MN Hearing/Speech Relay: 1-800-627-3529
Email: vet.med@state.mn.us
Website: www.vetmed.state.mn.us

LICENSURE CERTIFICATION FOR REPLACEMENT OF LOST OR DAMAGED CERTIFICATES AND NAME CHANGES

Board Rule 9100.0600, subpart 2, requires a fee of \$10.00 for replacement certificates.
Please send a check to the Minnesota Board of Veterinary Medicine.

I request replacement of my veterinary license certificate:

This replacement is necessary due to:

Loss of original license

Damage to original license (*Original certificate must be returned*)

Name change (*If your name is to be changed, you must provide legal documentation of the name change.*)

Signature:

Date:

Name as it should appear on the certificate:

First:

Middle:

Last:

License Number:

Mail certificate to:

Address:

THIS SHOULD NOT BE USED FOR AN ADDRESS CHANGE