



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

**License Verification Request**

**Cost: \$20.00**

Check or Money Order

Payable to Treasurer, State of New Hampshire

C/O Board of Veterinary Medicine

121 South Fruit Street

Concord, NH 03301

**Name and Address of Licensee/Former Licensee**

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**E-mail** \_\_\_\_\_

**Telephone #** \_\_\_\_\_

**Name and Address of Receiving Veterinary Board**

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

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**Signature of Licensee/Former Licensee**

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**Date**