

CHANGE OF INFORMATION

DATE CHANGE EFFECTIVE: ____/____/____

DVM Applicant

RVT Applicant

CAET Applicant

RED Applicant

NAME: _____ LIC/CERT NUMBER: _____

INDICATE BELOW THE CHANGE NEEDED AND GIVE COMPLETE INFORMATION.

* Changes of name require documentation such as copy of marriage license, divorce decree, court order, etc. to be implemented. PLEASE DO NOT SEND ORIGINALS.

NOTE that it is your responsibility to keep the Board office informed of any changes in information.

NAME CHANGE

FROM: _____

TO: _____

REASON FOR CHANGE: * _____

PROFESSIONAL ADDRESS CHANGE

NO CHANGE TO EXISTING INFORMATION or No address should be on file

TO: _____
Name of Clinic or Facility

Street or PO Box (if PO Box used for mailing address the actual physical address must also be provided)

City State Zip

PROFESSIONAL TELEPHONE NUMBER CHANGE

NO CHANGE

TO: (_____) - _____

RESIDENCE ADDRESS CHANGE

NO CHANGE TO EXISTING INFORMATION

TO: _____
Street or PO Box

City State Zip

RESIDENCE TELEPHONE NUMBER CHANGE NO CHANGE

TO: (_____) - _____

Indicate here if prefer all correspondence mailed to residence instead of professional address.

RETURN FORM TO: **Louisiana Board of Veterinary Medicine**
5825 Florida Blvd.
Baton Rouge, Louisiana 70806

Changes can be faxed to 225-925-6622 or emailed to admin@lsbvm.org.

ChangeofInfo – Rev 5/2020