



Commonwealth of Massachusetts
Division of Professional Licensure
BOARD OF REGISTRATION IN VETERINARY MEDICINE
1000 Washington Street • Boston • Massachusetts • 02118

Veterinary Board: Verification / Licensee History Request Form

The Requestor (licensee or consumer) must mail this completed form and a non-refundable check or money order made payable to the Commonwealth of Massachusetts for \$15.00 to the Veterinary Board, 1000 Washington Street, Suite 710, Boston, MA 02118. Type or print legibly – illegible forms will not be processed.

Please allow a minimum of ten (10) to fifteen (15) business days for the Board to process and mail the Verification / Licensee History.

Licensee's Name:	
License Number:	

I am requesting a Verification / Licensee History for the above Licensee.

Requestor's Name:	
Requestor's Phone Number:	

I am requesting that the Verification / Licensee History be mailed to the below named person and address:

Name:	
Business Name or Licensing State:	
Street Address:	
Street Address:	
City, State Zip Code	

