

North Carolina Veterinary Medical Board

1611 Jones Franklin Rd., Suite 106, Raleigh, North Carolina 27606

FAX: (919) 854-5606

CHANGE OF ADDRESS FORM

.0106 CURRENT INFORMATION REQUIRED BY THE BOARD

Each licensee shall keep the Board currently advised as to his proper and current mailing address. All changes of professional association, or dissolution of a professional relationship, shall be reported within 60 days to the Executive Director together with the new status and addresses of the individuals or firm.

You may also update information, except your name, by logging into your account <https://portal.ncvmb.org/>

Vet License Number: _____

Tech Registration Number: _____

Legal Name _____
First Middle Last

Home Address _____
Street/Apartment Number/PO Box
City State Zip
Primary Phone _____ NC County _____
E-mail _____

Practice/Work Name _____
Practice/Work "Physical" Address _____
Street/PO Box
City State Zip
Practice/Work "Mailing" Address _____
Street/PO Box
Work Phone _____ NC County _____

Practice Type: **Circle only one (1)**

Small Animal	Large Animal	Mixed Animal	Mobile Practice	Emergency Practice
Federal Gov.	State Gov.	Armed Forces	Commercial	University/Teaching
Research/Laboratory	Relief Work	Retired	Unemployed	Unrelated Field

Signature

Date

Veterinarians Only - Please check preferred address to receive your mail: [] Practice/Work [] Home
If not advised, the Board office will use the home address for all correspondences.