STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH VETERINARY LICENSURE VERIFICATION

TO BE COMPLETED BY APPLICANT

Applicant - Complete the top portion of this form and forward it to each state of the United States, its territories or Canada where you have been licensed as a veterinarian (make copies as necessary).

| Name: | | | | |
|---|--------------------------|----------------------------|-----------------------------|--|
| Last | First | Middle | Maiden | |
| Address: | | | | |
| No. & Street | City | State | Zip Code | |
| Original License number | D | Date Issued | | |
| (in the state to which the form is being | g forwarded) | | | |
| I hereby authorize the | | to furnish the Connecticut | Department of Public Health | |
| the information requested below. | | | | |
| Signature | Date | | | |
| ТО | BE COMPLETED BY LIC | ENSING AGENCY ONLY | | |
| This is to certify that the above named individual was issued license number | | | to practice as a | |
| Basis for licensure in your state: | Endorsement | xamination | | |
| Current Status: Active Inact | tive Lapsed | | | |
| Date license expires: | | | | |
| Has this individual ever been subjected disciplinary action or unresolved comregarding the individual's status and to | plaint? YES 🔲 NO 🔲. If y | | | |
| SEAL | | | | |
| Signed: | Title: | | | |
| State: | Date: | Date: | | |
| Daytime Telephone Number: | | | | |
| Email: | | | | |
| | Dlagge complete and r | naturum dima atler tar | | |

Please complete and return directly to:

Department of Public Health Veterinary Licensure 410 Capitol Avenue MS# **12APP** P.O. Box 340308 Hartford, CT 06134-0308 Fax: (860) 707-1931