

Mississippi License Verification Request

Name: _____ License #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

I authorize the Mississippi Board of Veterinary Medicine to release information in regards to the status and standing of my veterinary license in the State of Mississippi to the Veterinary Medical Board of _____

Please submit any form supplied by the receiving state by mail, fax or email to the address listed below. Your request will be processed in a timely manner. Be sure to indicate any deadline you are trying to meet.

MAIL: Mississippi Board of Veterinary Medicine
1089D Stark Road
Starkville, MS 39759
FAX: 662-323-9921
EMAIL: mississippi88797@bellsouth.net