



## License Verification Request

Name \_\_\_\_\_ License # \_\_\_\_\_

Your email address (PLEASE PRINT CLEARLY) \_\_\_\_\_

I authorize the Prince Edward Island Veterinary Medical Association to release all information with regards to the status, history, and standing of my registration and licence to practice veterinary medicine and/or surgery in the Province of Prince Edward Island to the following veterinary licensing authority:

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**There is a \$25.00 + hst (\$28.75) administration fee for each verification requested.**

**Mail:** PEIVMA, PO Box 21097, 465 University Avenue, Charlottetown PE C1A 9H6  
Please forward this request, plus any form supplied by the receiving province/state, by mail or email to the address above with a cheque or money order for the fee(s), made payable to the Prince Edward Island Veterinary Medical Association

**Email:** scan this or any forms to [admin@peivma.ca](mailto:admin@peivma.ca).  
Fees can be paid by e-transfer to [sec.treas@peivma.ca](mailto:sec.treas@peivma.ca)

Telephone: 902-367-3757 (leave voicemail)

Fax: 902-367-3176

Email: [admin@peivma.ca](mailto:admin@peivma.ca)

Website: [peivma.ca](http://peivma.ca)

**PLEASE ALLOW 3 WEEKS FOR PROCESSING**