

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 of Licensing Body: _____

Address: _____

Signature: _____ Date: _____

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

Please forward this request, plus any form supplied by the receiving province/state, by mail or email to the address below with a check or money order for the fee(s), made payable to the Prince Edward Island Veterinary Medical Association,

Mail: PEIVMA, PO Box 21097, 465 University Avenue, Charlottetown PE C1A 9H6

Email: scan this or any forms to admin@peivma.ca.

Fees can be paid by e-transfer to sec.treas@peivma.ca

Telephone: 902-367-3757 (leave voicemail)

Fax: 902-367-3176

Email: admin@peivma.ca

Website: peivma.ca

PLEASE ALLOW 3 WEEKS FOR PROCESSING