



## 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 Licencing 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 [admin@peivma.ca](mailto:admin@peivma.ca) with a cheque 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 and any other forms to [admin@peivma.ca](mailto:admin@peivma.ca).

Pay fees 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 UP TO THREE WEEKS FOR PROCESSING**