



State of Idaho
Division Of Occupational and Professional Licenses
Board of Veterinary Medicine

BRAD LITTLE
Governor

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VETERINARIAN REQUEST FOR LICENSE VERIFICATION

Please remit the \$20.00 service charge to IBOVM. Checks are accepted with a mailed form, OR email this completed form (to: BOVMinfo@dopl.idaho.gov) and follow link below to our online payment option for credit cards:

<https://elitepublic.bovm.idaho.gov/IBVMPayment/UniversalPages/LoginPage.aspx>

(*Request type =Miscellaneous. *Fee Code = Veterinarian License Verification.)

I (Licensee Name) _____ hereby request an official verification
of license. My license number is _____. My Mailing address is

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____

** All above fields required.

Has any of the above information changed? If "Yes" we will update the database. Y / N

CONTACT INFORMATION OF STATE REQUESTING VERIFICATION:

Name of Agency: _____

Email Address: _____ Email only accepted? Y / N

(We will email the verification if allowable by the State. This saves time for State that is awaiting verification)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Notes: _____
