



Prince Edward Island License Verification Request

Name: _____ License #: _____

Mailing Address: _____

City Province/State Postal/Zip code

I authorize the Prince Edward Island Veterinary Medical Association to release information with regards to the status and standing of my license to practice veterinary medicine and/or surgery in the province of Prince Edward Island to the Veterinary Medical Association of _____ or State Board of _____ at the following address.

Recipient Address: _____

Signature: _____ **Date:** _____

There is a \$25.00 + HST (\$28.75) service charge for each verification requested.

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

Mail: Prince Edward Island Veterinary Medical Association
PO Box 21097
465 University Avenue
Charlottetown PE C1A 9H6

Telephone: 902-367-3757 (leave message)

Fax: 902-367-3176

Email: admin.peivma@gmail.com

Website: peivma.com

PLEASE ALLOW 3 WEEKS FOR PROCESSING