



**BANK USE: 12 12 27103 4911**

**MARYLAND STATE BOARD OF VETERINARY MEDICAL EXAMINERS**

Telephone: 410.841.5862

www.mda.maryland.gov

**REQUEST FOR VETERINARY PERSONAL HISTORY FORM UPDATE FOR REINSTATEMENT OF LICENSE**

Name: \_\_\_\_\_  
Last First Middle (Maiden Name, if applicable)

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_  
(Note: An application for veterinary license reinstatement will be sent to the above e-mail address.)

Maryland Veterinary License Number: \_\_\_\_\_

**A check or money order in the amount of \$225.00 shall be made payable to Maryland Department of Agriculture. Include your name in the memo section of a check.**

Mail this form and your payment to: Maryland Department of Agriculture  
P.O. Box 17304  
Baltimore, MD 21297-1304