



BANK USE: 12 11 27103 4911

MARYLAND STATE BOARD OF VETERINARY MEDICAL EXAMINERS

Telephone: 410.841.5862

www.mda.maryland.gov

REQUEST FOR INITIAL VETERINARY LICENSE APPLICATION

Name:

Last First Middle (Maiden Name, if applicable)

Address:

Phone number: _____

E-mail address: _____
(Note: An application for licensure will be sent to the above e-mail address.)

Last 5 digits of veterinarian's Social Security Number: _____

A check or money order in the amount of \$225.00 shall be made payable to Maryland Department of Agriculture. This fee is non-refundable. 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