



State of Nevada Board of Veterinary Medical Examiners

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E-mail: vetbinfo@vetboard.nv.gov

2025 RENEWAL

IMPORTANT INFORMATION AND UPDATES

- Renewals must be received in the Board office by 06/30/2025 or a late fee will apply.
- Once your renewal is processed, you will receive an emailed copy of your updated license information.
- Licenses not renewed on or before to August 31, 2025 will be forfeit.

LICENSE TYPE / FEE

Please check the box(s) that applies (active service members pay 1/2 reduced fee)

- | | |
|--|---|
| <input type="checkbox"/> \$500.00 Veterinarian/Diplomate (Active) | <input type="checkbox"/> \$275.00 Veterinarian/Diplomate (Inactive) |
| <input type="checkbox"/> \$150.00 Licensed Veterinary Technician | <input type="checkbox"/> \$250.00 Euthanasia Technician |
| <input type="checkbox"/> \$200.00 Animal Physical Therapist | <input type="checkbox"/> \$200.00 Animal Chiropractor |
| <input type="checkbox"/> Late Fee \$50.00 after 7/1/2025; \$100 after 8/1/2025 | |

PERSONAL INFORMATION

Once processed, an email confirmation with your updated license information for your records will be sent.

Email Address: _____
 License Number: _____ Mailing Address (check one) : _____ Home _____ Facility _____
 Name: _____
 Home Street Address: _____
 City/State/Zip: _____
 Home Phone #: _____ Cell Phone: _____

FACILITY INFORMATION

*Facility Name/Address: _____
 City/State/Zip: _____ Phone #: _____

*Facility information will be displayed on the Board website.

CONTINUING EDUCATION

DVM 40 hrs. LVT 20 hrs. Animal Physical Therapist 10 hrs. Animal Chiropractor 30 hrs.

- I certify that I have completed _____ hours of approved CE between 7/1/2023-6/30/2025.
- I am a new licensee (Your license was issued between 7/1/2023-6/30/2025).
Continuing education hours are not required for new licensees
- I am renewing to Inactive status (**Veterinarians only**). *I understand that I cannot practice veterinary medicine in the State of Nevada with an inactive license and continuing education hours are not required for inactive status.*

FOR OFFICE USE ONLY

Received: _____ Check Number: _____
 Amount \$ _____ Initials: _____

- TH
 Excel
 Emailed

CHILD SUPPORT INFORMATION

Are you the subject of a court order for the support of a child?

Yes No

If you marked yes to the question above are you in compliance with the court order?

Yes No

NEVADA BUSINESS LICENSE

NRS 353C requires all licensing boards to provide this information to the State Controller's Office.

I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76. **My Nevada business license number is:** _____

I do NOT have a Nevada business license number.

MILITARY SERVICE QUESTIONNAIRE

1) Have you every served in the military? Yes No

If yes, please:

a. Circle the branch(es) of Service: Army Navy Air Force Marine Corp Coast Guard

Dates of Service: From: _____ To: _____

QUESTIONS –ALL LICENSEES

Since your last renewal or recent licensure have you:

1) Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?

Yes No

2) Surrendered a professional license?

Yes No

If you have answered "yes" to questions 1 and/or 2 provide a written explanation and attach it to this application.

3) Been the subject of an administrative action involving a professional license whether completed, charged, or pending in any state?

Yes No

4) Had your license subject to any discipline for violation of veterinary laws in any state (Except Nevada)?

Yes No

5) Been charged, arrested, or convicted of a felony or misdemeanor in any state?

Yes No

If you have answered "yes" to questions 3 through 5, provide a written explanation of each occurrence. For each incident state: the date, case number, the nature of the charge, and the disposition of the matter. You MUST provide copies of any arrest or conviction, along with any probationary terms, and/or any plea agreements entered into felony(ies) or misdemeanor(s). In actions against your occupational license, provide a copy of the final signed Board Order.

I hereby certify under the penalty of perjury that the information furnished on this document (2 pages) is true and correct.

Signature _____ Date _____