



State of New Mexico

Board of Veterinary Medicine



MICHELLE LUJÁN GRISHAM
Governor

Lawrence D. Young, DVM
Chair



William J. Duran
Executive Director and CFO

PERSONAL RECOMMENDATION

(PLEASE TYPE OR PRINT LEGIBLY)

This form is to be completed by a non-veterinarian who is personally acquainted with the applicant. This form serves as one letter of recommendation. Form may be copied; additional sheets of paper may be attached as necessary. This form is available for download from the web site address at bottom of page.

APPLICANT NAME – Please Print	NAME OF INDIVIDUAL MAKING RECOMMENDATION – Please Print
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Following is my personal recommendation to the Board of Veterinary Medicine in support of the named applicant's application for licensure to practice veterinary medicine in the state of New Mexico:

I hereby affirm that I am personally well acquainted with the applicant named above. I further affirm that I am the person who executed the above recommendation and statement(s).

SIGNATURE

DATE