



Wisconsin Department of Agriculture, Trade and Consumer Protection  
 Division of Animal Health, Bureau of Animal Disease Control  
 2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911  
 Phone: 608-224-4872

# DATCP Electronic Identification Tag Reader Program for Veterinarians APPLICATION FORM

**Part I – Applicant Information:**

VETERINARIAN REQUESTING READER		OTHER VETERINARIANS WHO MAY USE READER:			
VETERINARY CLINIC NAME:					
CLINIC ADDRESS STREET			CITY	STATE	ZIP
CLINIC PHONE: (     )     -	CELL PHONE (If applicable): (     )     -	EMAIL:		OTHER CONTACT (if applicable):	
WI VETERINARY LICENSE NUMBER:			VETERINARIAN NATIONAL ACCREDITATION NUMBER (NAN):		

**Part II – General Information:**

For what type of regulatory work are you already using electronic documents and systems? (Check all that apply)					
<input type="checkbox"/> Tuberculosis (TB) tests	<input type="checkbox"/> Brucellosis vaccinations	<input type="checkbox"/> Certificates of Veterinary Inspections (CVIs)	<input type="checkbox"/> None		
<input type="checkbox"/> Other (describe):					
If not already using electronic regulatory documents and systems, are you willing to do so? <input type="checkbox"/> Yes <input type="checkbox"/> No					
For what species does your practice typically perform regulatory work? (Check all that apply)					
<input type="checkbox"/> Cattle (Beef)	<input type="checkbox"/> Cattle (Dairy)	<input type="checkbox"/> Swine	<input type="checkbox"/> Cervids	<input type="checkbox"/> Sheep	<input type="checkbox"/> Goats
<input type="checkbox"/> Other (describe):					
About how many farms do you work with that use or are planning to use RFID <b>and</b> for whom you regularly perform <b>regulatory</b> work? (Check one)					
<input type="checkbox"/> 1-10	<input type="checkbox"/> 11-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> More than 40	
Related to the question above, approximately how many total animals does this include?					

**Part III – Signature:**

I understand that I will be electronically submitting regulatory documents or submitting quarterly reports briefly describing the use of the readers.

The information provided in this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
 VETERINARY APPLICANT SIGNATURE:

\_\_\_\_\_  
 DATE

**Submit completed application to:**

DATCP-Division of Animal Health Attn: Gretchen May  
 P.O. Box 8911  
 Madison, WI 53708-8911

OR –Fax: 608-224-4871  
 –OR-Email: gretchen.may@wisconsin.gov