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| VEB 33.docx (05/16) |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionVeterinary Examining BoardPO Box 8911, Madison, WI 53708-8911Phone: (608) 224-4353 |  |

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|  Veterinary Examining Board Request to Change Name **Chs. VE 7.04 and VE 9.03** |

|  |  |
| --- | --- |
| CURRENT LEGAL NAME OF LICENSEE |       |
| REQUESTED NAME CHANGE OF LICENSEE |       |
| CURRENT ADDRESS OF LICENSEE |
| ADDRESS  |       | CITY  |       | STATE  |    | ZIP CODE |       |
| REQUESTED ADDRESS CHANGE OF LICENSEE |
| ADDRESS |       | CITY |       | STATE |    | ZIP CODE |       |
| CURRENT EMAIL ADDRESS OF LICENSEE |       |
| CURRENT PHONE NUMBER OF LICENSEE |       |
| SIGNATURE OF LICENSEE | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| DATE |       |

Attach copy of document that created the name change. Example: Divorce decree, marriage license.

Return directly to:

Veterinary Examining Board

P.O. Box 8911

Madison, WI 53708-8911

Or email to:

 datcpveb@wi.gov