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

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

|  |  |  |  |  |  |  |  |  |  |  |  |
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| 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