REQUEST FOR VETERINARY WALL CREDENTIAL

*Ch. 89, WI Stats.*

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| Date:  |       |  |

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| Name as it should appear on Wall Credential: |       |
| Credential Number: |       | Profession: |       |

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| Mail Wall Credential to the following address:  |
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| Credential Request |
|  |       | Number of Credentials Requested |
|  | $10.00 | Per Request |
|  | $ 0.00 | Total Fee Attached |

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| FEE: Make check/money order payable to DATCP, attach it to this application and mail to the following address:DEPARTMENT OF AGRICULTURE, TRADE AND CONSUMER PROTECTION (DATCP)ATTN: VEBLOCKBOX 93598MILWAUKEE, WI 53293-0598 |
| For Receipting Purposes |