



Department of Agriculture, Trade and Consumer Protection  
 Division of Animal Health  
 Bureau of Animal Disease Control  
 Veterinary Examining Board  
 2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911  
 Phone: (608) 224-4353 Email: [DATCPVEB@wisconsin.gov](mailto:DATCPVEB@wisconsin.gov)

# MALPRACTICE SUITS, CLAIMS, AND SETTLEMENTS FORM

Wis. Stat. § 89.072; Wis. Admin. Code § VE 1.20. Personally identifiable information provided on this form may be used for purposes other than which it is originally collected. Wis. Stat. § 15.04(1)(m).

This form must be completed in its entirety by the licensure applicant.

**PLEASE TYPE OR CLEARLY PRINT IN INK**

LEGAL NAME / LAST:	FIRST:	MIDDLE:	FULL DATE OF BIRTH:
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**SELECT CREDENTIAL APPLYING FOR:**

- Veterinary License  
  Faculty veterinary license  
  Post graduate training permit  
 Veterinary consulting permit  
  Veterinary technician certification

List below all malpractice suits, claims, or settlements in which you were involved since the date of your initial licensure, **(including post-graduate training, if applicable)**. Provide a brief description of the allegations and final disposition. For any malpractice suits resolved within the past ten years, provide copies of claims/suits, final settlements, dispositions, or dismissed information. *(Attach additional sheets if necessary.)*

PARTIES:

DATE FILED:	DATE RESOLVED:	COURT AND CASE NO.:
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DISPOSITION:

DESCRIPTION OF LEGAL ACTION OR CLAIM:

PARTIES:		
DATE FILED:	DATE RESOLVED:	COURT AND CASE NO.:
DISPOSITION:		
DESCRIPTION OF LEGAL ACTION OR CLAIM:		

SIGNATURE	
<p><b>Affidavit of license holder</b> - I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement, and/or giving any materially false information in connection with my application for a credential, or for renewal or reinstatement of a credential, may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.</p>	
SIGNATURE _____	DATE _____
PRINTED NAME _____	

**MAIL this form to:** **OR** **EMAIL this form to:**  
 DATCP [DATCPVEB@wisconsin.gov](mailto:DATCPVEB@wisconsin.gov)  
 ATTN: Veterinary Examining Board  
 PO Box 8911  
 Madison, WI 53708-8911

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

(SEAL)

Subscribed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
 NOTARY PUBLIC (PRINT NAME)

\_\_\_\_\_  
 NOTARY PUBLIC (SIGN NAME)

My commission:  expires \_\_\_\_\_  is permanent.

**\*A NOTARIAL SEAL OR STAMP IS REQUIRED**