



Wisconsin Department of Agriculture, Trade and Consumer Protection
Division of Animal Health
Bureau of Animal Disease Control
Veterinary Examining Board
Phone: (608) 224-4353 Email: DATCPVEB@wisconsin.gov

AFFIDAVIT OF A LICENSED VETERINARIAN

Wis. Stat. § 89.06(3)(b). Personally identifiable information you provide may be used for purposes other than which it is originally collected.
Wis. Stat. § 15.04(1)(m).

Form must be completed for those applicants for veterinary technician certification who have NOT completed a four-semester course in veterinary technology. (For additional affidavits, this form may be copied.)

PLEASE TYPE OR PRINT CLEARLY IN INK.

I, \_\_\_\_\_, D.V.M., licensed in \_\_\_\_\_
(VETERINARIAN) (STATE)

License Number \_\_\_\_\_ hereby attest that \_\_\_\_\_
(APPLICANT)

has been supervised by me from \_\_\_\_\_ to \_\_\_\_\_.
(MONTH/DAY/YEAR) (MONTH/DAY/YEAR)

I further certify that during this period, 50% of applicant's time has been spent in practical field experience and the remainder in laboratory work, office procedures, and technical training.

\_\_\_\_\_  
SIGNATURE OF VETERINARIAN

\_\_\_\_\_  
DATE

\*A NOTARIAL SEAL OR STAMP IS REQUIRED

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

(SEAL)

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

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

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

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

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

VETERINARIAN - MAIL directly to: OR
DATCP
ATTN: Veterinary Examining Board
PO Box 8911
Madison, WI 53708-8911

EMAIL to:
DATCPVEB@wisconsin.gov