



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

REQUEST FOR VERIFICATION OF VETERINARY LICENSURE

Personal information you provide may be used for purposes other than that for which it was originally collected. Wis. Stat. § 15.04(1)(m).
 Completion of this form is required for Verification of Veterinary Licensure per Wis. Admin. Code § VE 1.26(2) and 2.10(2).

Wis. Admin. Code § VE 1.26(2) and 2.10(2)

NAME OF LICENSEE / CREDENTIAL HOLDER - LAST:	FIRST:	MIDDLE:	FORMER / MAIDEN NAME(S):	
LICENSE / CREDENTIAL NUMBER:		PROFESSION:		
VERIFICATION DESTINATION/MAILING ADDRESS (You may enter up to three locations)				
JURISDICTION CONTACT NAME AND/OR TITLE:		EMAIL:		
LOCATION 1 ADDRESS:	CITY:	STATE:	ZIP CODE:	
JURISDICTION CONTACT NAME AND/OR TITLE:		EMAIL:		
LOCATION 2 ADDRESS:	CITY:	STATE:	ZIP CODE:	
JURISDICTION CONTACT NAME AND/OR TITLE:		EMAIL:		
LOCATION 3 ADDRESS:	CITY:	STATE:	ZIP CODE:	
VERIFICATION NOTICE				
<i>If you wish to receive an email notice when the verification has been processed, please list your email address below:</i>				
EMAIL:				
FEES				
Number of Verifications Requested:				
Price per request:				\$10.00
TOTAL DUE:				

Mail your application and payment to:

DATCP
 ATTN: Veterinary Examining Board
 PO Box 93598
 Milwaukee, WI 53293-3598

For Receipting Purposes