



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](mailto:DATCPVEB@wisconsin.gov)

## CHANGE OF NAME AND ADDRESS

Personal information you provide may be used for purposes other than that for which it was originally collected. Wis. Stat. § 15.04(1) (m).

Credential holders must notify the VEB of a name or address change within 30 days per Wis. Admin. Code § VE 1.54 and 2.20. License/Credential must be held in your legal name.

|                                       |  |                                    |       |                               |           |
|---------------------------------------|--|------------------------------------|-------|-------------------------------|-----------|
| LICENSE / CREDENTIAL NUMBER:          |  | CURRENT EMAIL ADDRESS OF LICENSEE: |       | CURRENT PHONE:<br>(    )    - |           |
| <b>PREVIOUS NAME/ADDRESS</b>          |  |                                    |       |                               |           |
| PREVIOUS LEGAL NAME OF LICENSEE:      |  |                                    |       |                               |           |
| PREVIOUS ADDRESS OF LICENSEE:         |  |                                    | CITY: | STATE:                        | ZIP CODE: |
| <b>REQUESTED NAME/ADDRESS CHANGE</b>  |  |                                    |       |                               |           |
| REQUESTED NAME CHANGE OF LICENSEE:    |  |                                    |       |                               |           |
| REQUESTED ADDRESS CHANGE OF LICENSEE: |  |                                    | CITY: | STATE:                        | ZIP CODE: |
| <b>SIGNATURE</b>                      |  |                                    |       |                               |           |
| SIGNATURE OF LICENSEE                 |  |                                    | DATE  |                               |           |
| PRINTED NAME OF LICENSEE              |  |                                    |       |                               |           |

Attach copy of document that created the legal name change. (Example: Divorce decree, marriage license.)

**MAIL this form to:**

DATCP  
ATTN: Veterinary Examining Board  
PO Box 8911  
Madison, WI 53708-8911

**OR**

**EMAIL this form to:**

[DATCPVEB@wisconsin.gov](mailto:DATCPVEB@wisconsin.gov)