



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 VETERINARY WALL CREDENTIAL

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

PLEASE TYPE OR CLEARLY PRINT IN INK

Wis. Admin. Code § VE 1.26(1), 1.56, 2.10(1), and 2.22

DATE:			
NAME AS IT SHOULD APPEAR ON WALL CREDENTIAL:		LICENSE/CREDENTIAL NUMBER:	PROFESSION:
ADDRESS (to mail wall credential to):		CITY:	STATE: ZIP CODE:
CREDENTIAL REQUEST / FEES			
Number of credentials requested			
Fee 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 online payment information, sent this form to:

DATCPVEB@wisconsin.gov

For Receipting Purposes