VEB_07/17/2017



Wisconsin Department of Agriculture, Trade and Consumer Protection Veterinary Examining Board

2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911

Phone: (608) 224-4353

PLEASE TYPE OR PRINT CLEARLY IN INK.

AFFIDAVIT OF A LICENSED VETERINARIAN

Form must be completed for those applicants for veterinary technician certification who <u>have **NOT** completed</u> a 4-semester course in veterinary technology. (For additional affidavits, this form may be copied.)

I,	, D.V.M	, D.V.M., licensed in		
(veterinarian)		(state)		
License Number	hereby attest that			
		(applicant)		
has been supervised by me from _	to		I further	
	(month/day/year)	(month/day/year)		
Signature of Veterinarian	Date			
A notarial seal or stamp is required	i e	(SEAL)		
State of				
County of				
Subscribed and sworn to before me o	on			
Notary Public (print name)				
	My cor	nmission: expires		

VETERINARIAN - Return directly to:

Notary Public (sign name)

Department of Agriculture, Trade and Consumer Protection (DATCP) ATTN: Veterinary Examining Board 2811 Agriculture Drive, PO Box 8911 Madison, WI 53708-8911 is permanent.