



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

## COMMUNICABLE DISEASES CERTIFICATION FORM

### Information Required by DHFS 145

I hereby certify that I am familiar with the State of Wisconsin health laws and rules of the Department of Health as related to communicable diseases.

Type of Credential (please print)

Application ID Number (please print)

Print Name of Applicant

Signature of Applicant

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Date