



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

REQUEST FOR VERIFICATION OF VETERINARY LICENSURE

Ch. 89, Wis. Stats

Check/Money Order: \$10.00 Fee per Verification

NAME OF LICENSEE/CREDENTIAL HOLDER	
LICENSE/ CREDENTIAL NUMBER	PROFESSION

Verification Destination/Mailing Address (you may enter up to three locations):

NAME OF LOCATION 1			
STREET	CITY	STATE	ZIP
NAME OF LOCATION 2			
STREET	CITY	STATE	ZIP
NAME OF LOCATION 3			
STREET	CITY	STATE	ZIP

If you wish to receive an email notice when the verification has been processed, please list the email address below:

EMAIL ADDRESS

VERIFICATION FEE: Make check payable to DATCP, attach it to this Request and mail to the following address:

DEPARTMENT OF AGRICULTURE, TRADE AND CONSUMER PROTECTION (DATCP)
 ATTN: VEB
 LOCKBOX 93598
 MILWAUKEE, WI 53293-3598

☐ **VERIFICATION REQUEST**

_____ Number of Verifications Requested
 \$ 10.00 Per Request
 \$ _____ **Total Fee attached**

For Receipting Purposes