



Wisconsin Department of Agriculture, Trade and Consumer Protection  
*Veterinary Examining Board*  
 PO Box 8911, Madison, WI 53708-8911  
 Phone: (608) 224-4353

## VETERINARY EXAMINING BOARD

### Request to Change Name

*s. VE 1.54 (veterinarians) and s. VE 2.20 (CVTs)*

CURRENT LEGAL NAME OF LICENSEE			
REQUESTED NAME CHANGE OF LICENSEE			
CURRENT ADDRESS OF LICENSEE			
ADDRESS	CITY	STATE	ZIP CODE
REQUESTED ADDRESS CHANGE OF LICENSEE			
ADDRESS	CITY	STATE	ZIP CODE
CURRENT EMAIL ADDRESS OF LICENSEE			
CURRENT PHONE NUMBER OF LICENSEE			
SIGNATURE OF LICENSEE _____			
DATE _____			

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

Return directly to:

Veterinary Examining Board  
 P.O. Box 8911  
 Madison, WI 53708-8911

Or email to:

[datcpveb@wi.gov](mailto:datcpveb@wi.gov)