



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 VETERINARY WALL CREDENTIAL

Ch. 89, WI Stats.

Date: _____

Name as it should appear on Wall Credential: _____

Credential Number: _____

Profession: _____

Mail Wall Credential to the following address:

Credential Request

_____ Number of Credentials Requested

\$10.00 Per Request

\$ 0.00 Total Fee Attached

FEE: Make check/money order payable to DATCP, attach it to this application and mail to the following address:

DEPARTMENT OF AGRICULTURE, TRADE AND CONSUMER PROTECTION (DATCP)

ATTN: VEB

LOCKBOX 93598

MILWAUKEE, WI 53293-3598

For Receipting Purposes