VEB_3 1/2017



Wisconsin Department of Agriculture, Trade and Consumer Protection Veterinary Examining Board
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MALPRACTICE SUITS, CLAIMS AND SETTLEMENTS FORM

Ch.89, Wis. Stats

This form must be completed in its entirety by the licensure applicant.

PLEASE TYPE OR CLEARLY PRINT IN INK

LEGAL NAME / LAST		FIRST	MIDDLE	
FULL DATE OF BIRTH		RACE	SEX	
PROFESSION APPLYING	FOR			
licensure, (includisposition. For	ding post-gradua any malpractice s	ate training, if applicable). For suits resolved within the past to	vou were involved since the date of your involved a brief description of the allegation of the allegation (10) years, provide copies of claims/suditional sheets if necessary.)	ns and final
PARTIES	· · · · · ·	•	•	
DATE FILED / /	DATE RESOLVED / /	COURT AND CASE NO.		
DISPOSITION				
DESCRIPTION C	F LEGAL ACTION	OR CLAIM:		

Wisconsin Department of Agriculture, Trade and Consumer Protection

PARTIES				
DATE FILED	DATE RESOLVED	COURT AND CASE NO.		
/ / DISPOSITION	/ /			
DESCRIPTION	N OF LEGAL ACTIO	N OR CLAIM:		
materially false may result in crecombination the renewal or reins authority will be	information in connected information in connected in contraction pereof; or such other p	ction with my application for a crectrocessing delays; denial, revocation enalties as may be provided by law lure to comply with the statutes an	king any materially false statement and/or ential, or for renewal or reinstatement of a on, suspension, or limitation of my credenti v. I further understand that if I am issued a d/or administrative code provisions of the I	credential, al; or any a credential, o
APPLICANT Signature:			Data	
_ Print Name: _			Date:	
STATE OF				
COUNTY OF _				
Subscribed and	sworn to before me	on		
			(SEAL)	
Notary Public (p	orint name)			
Notary Public (s	sign name)			
My commission	: Expires			
	is permanent.			