



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

VETERINARIAN CERTIFICATE OF PROFESSIONAL EDUCATION

Ch.111. Wis. Stats.

APPLICANT - Please complete this section and submit to certifying school for completion. Form must be returned directly from the school to the Veterinary Examining Board at the above address.

FULL LEGAL NAME (Please print clearly)

First

Middle

Last (Maiden)

Address

Date of Graduation

Street

/ /

City

State

Zip

CERTIFYING SCHOOL - Please complete this section and return directly to the Veterinary Examining Board at the above address.

Name of Institution (Please print clearly)

Address of Institution

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City, State, Zip Code

Type of Degree Awarded

Major

Date Diploma Granted* _ _ / _ _ / _ _ _ _

SCHOOL SEAL

Signature and Printed Name of Dean/Department Head

Date _ _ / _ _ / _ _

*** ONLY COMPLETE THIS FORM AFTER THE APPLICANT NAMED ABOVE HAS ACTUALLY GRADUATED.** Anticipated dates of graduation will not be accepted.