REQUEST FOR VERIFICATION OF VETERINARY LICENSURE

Ch.89, Wis. Stats

**Check/Money Order: $10.00 Fee per Verification**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| NAME OF LICENSEE/CREDENTIAL HOLDER |       |
| LICENSE/ CREDENTIAL NUMBER |       | PROFESSION |       |

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

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

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

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| EMAIL ADDRESS |       |

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| 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 53293-0598 |
| [ ]  VERIFICATION REQUEST |
|   | \_\_\_\_\_ | Number of Verifications Requested |
| $  | 10.00 | Per Request |
| $  | \_\_\_\_\_ | Total Fee attached |

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| For Receipting Purposes |