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):   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | NAME OF LOCATION 1 | | | | | | | | | STREET |  | CITY |  | STATE |  | ZIP |  | | NAME OF LOCATION 2 | | | | | | | | | STREET |  | CITY |  | STATE |  | ZIP |  | | NAME OF LOCATION 3 | | | | | | | | | STREET |  | CITY |  | STATE |  | ZIP |  | |
| **If you wish to receive an email notice** when the verification has been processed, please list the email address below:   |  |  | | --- | --- | | EMAIL ADDRESS |  | |
| |  |  |  | | --- | --- | --- | | 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 | |
| For Receipting Purposes |