



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

AFFIDAVIT OF A LICENSED VETERINARIAN

Form must be completed for those applicants for veterinary technician certification who have NOT completed a 4-semester course in veterinary technology. (For additional affidavits, this form may be copied.)

PLEASE TYPE OR PRINT CLEARLY IN INK.

I, _____, D.V.M., licensed in _____
(veterinarian) (state)

License Number _____ hereby attest that _____
(applicant)

has been supervised by me from _____ to _____. I further
(month/day/year) (month/day/year)

certify that during this period, 50% of applicant's time has been spent in practical field experience and the remainder in laboratory work, office procedures, and technical training.

Signature of Veterinarian Date

A notarial seal or stamp is required (SEAL)

State of _____

County of _____

Subscribed and sworn to before me on _____

Notary Public (print name)

Notary Public (sign name)

My commission: expires _____.
 is permanent.

VETERINARIAN - Return directly to:
Department of Agriculture, Trade and Consumer Protection (DATCP)
ATTN: Veterinary Examining Board
2811 Agriculture Drive, PO Box 8911
Madison, WI 53718-8911