

Wisconsin Veterinary Corps (WVC)

Application information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Veterinary practice name: _____

Veterinary practice address:

Street: _____

City: _____ State: _____ Zip: _____

Number of practitioners in practice: _____ Number of AHTs in practice: _____

Phone: Work: (____) _____ Mobile: (____) _____

Fax: (____) _____ Home: (____) _____

Internet at office? Yes No E-mail address: _____

Actively practicing: Yes No Retired/partially retired: Yes No

Main type(s) of veterinary practice (25% or more); check top three that apply:

- | | | |
|---|---------------------------------------|---------------------------------|
| <input type="checkbox"/> beef | <input type="checkbox"/> cervidae | <input type="checkbox"/> birds |
| <input type="checkbox"/> dairy | <input type="checkbox"/> small animal | <input type="checkbox"/> swine |
| <input type="checkbox"/> poultry | <input type="checkbox"/> sheep/goats | <input type="checkbox"/> equine |
| <input type="checkbox"/> exotic animals | <input type="checkbox"/> zoo animals | <input type="checkbox"/> lab |

Other affiliations you may have:

- | | |
|---|--|
| <input type="checkbox"/> Food Safety and Inspection | <input type="checkbox"/> Wisconsin Veterinary Medical Technician Association |
| <input type="checkbox"/> other government/military | <input type="checkbox"/> local/regional association |
| <input type="checkbox"/> Humane Society | <input type="checkbox"/> wildlife rescue and rehab |

Return form by mail to:

Wisconsin DATCP, Animal Health Division
2811 Agriculture Drive
Madison, WI 53708-8911

by fax to: 608/224-4871

by e-mail to: margaret.proost@datcp.state.wi.us