



Date

Nebraska Permitting System

Client/Account Information

Veterinarian First and Last Name

Mailing Address

Clinic Name

City, State and Zip Code

License Number

Phone Number

National Accreditation Number

Email Address

License Number

Please Remit to: Nebraska Dept of Agriculture
PO Box 94787
Lincoln, NE 68509

Email: agr.cvi.ne@nebraska.gov