



Date

## NAHPS

*Nebraska Animal Health Permit System*

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### Client/Account Information

Veterinarian First and Last Name

Business name

Mailing address

Mailing address line 2

City

State

Zip code

E-mail address

Phone Number

License Number

National Accreditation Number

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

Email: [agr.cvi@nebraska.gov](mailto:agr.cvi@nebraska.gov)

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### For Office Use Only

Approved By

Date of Approval

User Name

Password

Comments