



Tammy S Cargile
Executive Director

**ALABAMA STATE BOARD OF
VETERINARY MEDICAL EXAMINERS**
8100 SEATON PLACE--SUITE A
MONTGOMERY AL 36116
(334) 395-5112
(334) 395-5117(fax)
www.asbvme.alabama.gov



LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: _____

License #: _____

I authorize the Alabama State Board of Veterinary Medical Examiners to release information in regards to the status and standing of my license to practice veterinary medicine and/or surgery in the State of Alabama

ALABAMA BOARD VERIFICATION:

APPLICANT LICENSE NUMBER: _____

DATE ISSUED: _____

Qualifications for license in year of issue:

GRADUATE - , the STATE EXAM

Current License Status:

☐ **STATUS EXPIRATION DATE. 12/31/2001**

Disciplinary Action?

☒ **NO**

☐ **YES**

Current Disciplinary Action?

☒ **NO**

☐ **YES**

Pending Disciplinary Action?

☒ **NO**

☐ **YES**

If yes to any disciplinary action, you will find attached a certified copy of the Finding of Fact, Conclusions of Law, and /or Final Order, or the charges of a pending case.

Board Signature:

Tammy S. Cargile
Executive Director

Date: 04/01/2026