



Tammy S Cargile
Executive Director

**ALABAMA STATE BOARD OF
VETERINARY MEDICAL EXAMINERS**
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MONTGOMERY AL 36116
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(334) 395-5117(fax)
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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: _____

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Date: **04/01/2026**