



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](http://www.asbvme.alabama.gov)



**LICENSE VERIFICATION REQUEST AND AUTHORIZATION:**

Name: **AMANDA L RAINS**

License #: **5096**

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: **5096**

DATE ISSUED: **05/08/2001**

Qualifications for license in year of issue: **GRADUATE - AU 2001, the STATE EXAM**

Current License Status: **ACTIVE STATUS EXPIRATION DATE. 12/31/2025**

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**