

## ALABAMA STATE BOARD OF **VETERNARY MEDICAL EXAMINERS** 8100 SEATON PLACE--SUITE A **MONTGOMERY AL 36116** (334) 395-5112

(334) 395-5117(fax)





LICENSE VERIFICATION REQUEST AND AUTHORIZATION:					
Name: <u>SH</u>	ANTYL R SLAY	License #: <u>1058</u>			
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:		<u>1058</u>	DATE ISSU	JED: <u>08/16</u>	<u>/2023</u>
Qualifications for license in year of issue:		GRADUATE - 0	CHATT STA	TE 2017, the	e 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 discipling Conclusions of Law, — Board Signature:	and /or Final Orde		of a pending	•	ling of Fact,
Executive Director					