

Executive Director

VETERNARY MEDICAL EXAMINERS 8100 SEATON PLACE--SUITE A **MONTGOMERY AL 36116** (334) 395-5112 (334) 395-5117(fax)

ALABAMA STATE BOARD OF





LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name:	MADISON KNAPP		License #:	<u>1090</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 L	ICENSE NUMBER:	<u>1090</u>	DATE ISSUED:	02/20/2024
Qualifications for license in year of issue:		GRADUATE -	· MEDAILLE 2020,	the STATE EXAM
Current License Status:		ACTIVE STA	TUS EXPIRATION	DATE. 12/31/2025
Disciplinary Action?		☑ NO	☐ YE	S
Current Disciplinary Action?		☑ NO	☐ YE	S
Pending Disciplinary Action?		☑ NO	☐ YE	S
	iplinary action, you w aw, and /or Final Ord			he Finding of Fact,
Board Signature	Tammy	S. Cargile	Date: <u>05/30/2</u>	<u>025</u>