



Tammy S Cargile
Executive Director

**ALABAMA STATE BOARD OF
VETERINARY MEDICAL EXAMINERS**
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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: **TABYTHA STONE**

License #: **1138**

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: **1138**

DATE ISSUED: **02/10/2025**

Qualifications for license in year of issue: **GRADUATE - COLUMBUS CC 2021, the STATE EXAM**

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