

Executive Director

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>JACEY ESTRADA</u> | | License #: <u>1141</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 LICI | ENSE NUMBER: | <u>1141</u> | DATE ISSUED: | 02/21/2025 |
| Qualifications for license in year of issue: | | GRADUATE - F | PALO ALTO 2019 | , the STATE EXAM |
| Current License Status: | | ACTIVE STATU | US EXPIRATION | DATE. 12/31/2025 |
| Disciplinary Action? | | ☑ NO | ☐ YES | S |
| Current Disciplinary Action? | | ☑ NO | ☐ YE | S |
| Pending Disciplinary Action? | | ☑ NO | ☐ YE | S |
| 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: | • | S. Cayile S. Cargile Director | Date: <u>05/30/2</u> | <u>025</u> |