

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>MADISON M KEY</u>		License #: <u>1149</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 LICE	NSE NUMBER:	<u>1149</u>	DATE ISSUED:	05/12/2025
Qualifications for license in year of issue:		<u>GRADUATE - 1</u> <u>EXAM</u>	MISSISSIPPI STA	ATE 2025, the STATE
Current License Status:		ACTIVE STAT	<u>US EXPIRATION</u>	DATE. 12/31/2025
Disciplinary Action?		☑ NO	☐ YE	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: Tammy S. Cargile Executive Director				