

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:	KENNETH R PAYT	<u>'ON</u>	License #: 2	2224
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 I	ICENSE NUMBER:	<u>2224</u>	DATE ISSUED:	06/06/1972
Qualifications for issue:	or license in year of	GRADUATE -	AU 1972, the STA	TE EXAM
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary Ac	tion?	☑ NO	☐ YES	S
Current Disciplinary Action?		☑ NO	☐ YES	S
Pending Disciplinary Action?		☑ NO	☐ YES	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 Date: 05/30/2025				

Executive Director