

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>C</u>	HARRON D BRYA	<u>ANT</u>	Lic	cense #: <u>2</u>	<u>2493</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>2493</u>	DATE IS	SSUED:	<u>07/01/1975</u>
Qualifications for license in year of issue:		GRADUATE - TI 1975, the STATE EXAM			
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action	1?	☑ 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: Cayal Date: 05/30/2025 Tammy S. Cargile Executive Director					