

8100 SEATON PLACE--SUITE A **MONTGOMERY AL 36116** (334) 395-5112 (334) 395-5117(fax) Tammy S Cargile Executive Director



www.asbvme.alabama.gov

ALABAMA STATE BOARD OF **VETERNARY MEDICAL EXAMINERS**

LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name:	DANA ELIZABETH	FOWLER	License #: 3	<u>355</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 LIC	CENSE NUMBER:	<u>355</u>	DATE ISSUED:	08/10/1998
Qualifications for license in year of issue:		GRADUATE - SSJC 1998, the STATE EXAM		
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary Action	on?	☑ NO	☐ YES	S
Current Disciplinary Action?		☑ NO	☐ YES	S
Pending Disciplina	ary Action?	☑ NO	☐ YES	S
• • •	olinary action, you w w, and /or Final Ord		1 4	he Finding of Fact,
Board Signature:		S. Carolle	Date: <u>05/30/2</u>	<u>025</u>

Executive Director