

## 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:	SUSAN G CALLOW	<u>/AY</u>	License	#: <u>3803</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 L	ICENSE NUMBER:	<u>3803</u>	DATE ISSUE	ED: <u>06/03/1</u>	<u>.986</u>
Qualifications for license in year of issue:		GRADUATE - AU 1986, the STATE EXAM			
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2024			
Disciplinary Act	ion?	☑ NO		YES	
Current Disciplinary Action?		☑ NO		YES	
Pending Disciplinary Action?		☑ NO		YES	
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 Signatur	e: lamm f x	S. Carrile	Date: <u>05/3</u>	<u>30/2025</u>	

**Executive Director**