

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>STACY S GILBERT</u>		License #: 4049		
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 LICENSE NUMBER:		<u>4049</u>	DATE ISSUED	e: <u>09/18/1989</u>
Qualifications for license in year of issue:		GRADUATE - MS 1989, the STATE EXAM		
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary Action?		☑ NO	□ Y	ES
Current Disciplinary Action?		☑ NO	□ Y	ES
Pending Disciplinary Action?		☑ NO	□ Y	ES
If yes to any discipl Conclusions of Law	•		* •	f the Finding of Fact, e.
Board Signature:	•	S. Cargile The Director	Date: <u>05/30</u>	<u>/2025</u>