

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



www.asbvme.alabama.gov Executive Director

## LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: <u>SUSAN R NE</u>	<u>LMS</u>	License #:	<u>4307</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 LICENSE NUMI	BER: <u>4307</u>	DATE ISSUED:	04/21/1993
Qualifications for license in year	of <u>GRADUAT</u>	E - MS 1990, the STA	TE EXAM
Current License Status:	<u>ACTIVE ST</u>	CATUS EXPIRATION	DATE. 12/31/2025
Disciplinary Action?	☑ NO	☐ YE	S
Current Disciplinary Action?	☑ NO	☐ YE	S
Pending Disciplinary Action?	☑ NO	☐ YE	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 Executive Director			

ALABAMA STATE BOARD OF **VETERNARY MEDICAL EXAMINERS**