

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>W</u>	VENDY S LONG		License #:	<u>4331</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 NUMBER:		<u>4331</u>	DATE ISSUED:	09/14/1993
Qualifications for license in year of ssue:		GRADUATE - AU 1993, the STATE EXAM		
Current License Status:		SUSPENDED STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary Action?		☑ NO	□ YE	S
Current Disciplinary Action?		☑ NO	☐ YE	S
Pending Disciplinary Action?		☑ NO	☐ YE	S
• •	linary action, you v v, and /or Final Ord		1.0	the Finding of Fact,
Board Signature:	•	S. Cargile ve Director	Date: <u>05/30/2</u>	<u>2025</u>