

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>KELLEY</u> A | <u>A ETHRIDGE</u> | License #: | <u>4536</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 NU | JMBER: <u>4536</u> | DATE ISSUED: | 09/28/1996 | |
| | | | | |
| Qualifications for license in sissue: | year of <u>GRADUATE</u> | E - AU 1996, the STA | TE EXAM | |
| Current License Status: | <u>ACTIVE STA</u> | ACTIVE STATUS EXPIRATION DATE. 12/31/2025 | | |
| Disciplinary Action? | ☑ NO | ☐ YE | S | |
| Current Disciplinary Action? | ? ✓ NO | ☐ YE | S | |
| Pending Disciplinary Action | ? V 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 Date: 05/30/2025 | | | | |

Executive Director