

ALABAMA STATE BOARD OF VETERNARY MEDICAL EXAMINERS 8100 SEATON PLACE--SUITE A MONTGOMERY AL 36116 (334) 395-5112

(334) 395-5112 (334) 395-5117(fax)





LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: <u>MELINDA G WATI</u>		<u>XINS</u>	License #: <u>46</u>		<u>6</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>46</u>	DATE ISSUI	ED:	<u>07/01/1979</u>
Qualifications for license in year of issue:		GRADUATE - S	SSCC 1979, th	he ST	ATE EXAM
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action?		☑ NO		YES	
Current Disciplinary Action?		☑ NO		YES	
Pending Disciplinary Action?		☑ NO		YES	
If yes to any discipli Conclusions of Law,			1 0		e Finding of Fact,
Board Signature:	•	S. Cargile e Director	Date: <u>05/.</u>	<u>30/20</u>	<u>25</u>