

## 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>ANDREA L BROW</u>		License #: <u>4931</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>4931</u>	DATE ISS	SUED:	10/19/1999
Qualifications for license in year of issue:		GRADUATE - AU 1996, the STATE 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 disciparion Conclusions of Lav					ne Finding of Fact,
Board Signature: Tammy S. Cargile Executive Director					