

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

(334) 395-5117(fax)

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: <u>JENNIFER S TAIN</u>		<u>TOR</u> License #: <u>5039</u>			<u>5039</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>5039</u>	DATE ISSUED: <u>07/14/2000</u>		
Qualifications for license in year of issue:		GRADUATE - AU 1997, the STATE EXAM			
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action?		☑ NO		☐ YES	S
Current Disciplinary Action?		☑ NO	☐ YES		S
Pending Disciplinary Action?		☑ NO			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:	•	S. Cargile e Director	Date:	05/30/20	<u>925</u>