

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:	ANGELIQUE M LA	<u>WRENCE</u>	Lice	nse #: <u>5</u>	<u> 1050</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 L	ICENSE NUMBER:	<u>5050</u>	DATE ISS	UED:	08/15/2000
Qualifications for license in year of issue:		GRADUATE -	MS 2000, th	ne STAT	<u>TE EXAM</u>
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action?		☑ NO	☐ YES		
Current Disciplinary Action?		☑ NO	☐ YES		
Pending Disciplinary Action?		☑ NO	[☐ YES	
	ciplinary action, you w Law, and /or Final Ord				ne Finding of Fact,
Board Signature: Tammy S. Cargile Date: 05/30/2025					

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