



Tammy S Cargile  
Executive Director

ALABAMA STATE BOARD OF  
VETERINARY MEDICAL EXAMINERS  
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**LICENSE VERIFICATION REQUEST AND AUTHORIZATION:**

Name: **CHARLES W FLOWERS**

License #: **5146**

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: **5146**

DATE ISSUED: **08/21/2001**

Qualifications for license in year of issue: **GRADUATE - AU 1982, 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 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  
Executive Director

Date: **03/26/2025**