

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>I</u> | LENA MARIE PER | <u>RRY</u> | License #: | <u>5319</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 LIC | CENSE NUMBER: | <u>5319</u> | DATE ISSUED: | 05/06/2003 |
| Qualifications for license in year of ssue: | | GRADUATE - | - AU 2003, the STA | TE EXAM |
| Current License Status: | | ACTIVE STATUS EXPIRATION DATE. 12/31/2025 | | |
| Disciplinary Actio | n? | ☑ NO | ☐ YE | S |
| Current Disciplinary Action? | | ☑ NO | ☐ YE | S |
| Pending Disciplinary Action? | | ☑ NO | ☐ YE | S |
| • • • | olinary action, you w w, and /or Final Ord | | 1 | he Finding of Fact, |
| Board Signature: Tammy S. Cargile Date: 05/30/2025 | | | | |

Executive Director