

## 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:	THADDAEUS L MO	OORE	Lice	ense #: <u>5</u>	5 <u>487</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>5487</u>	DATE IS:	SUED:	01/26/2005
Qualifications for license in year of issue:		GRADUATE - TU 2000, the STATE EXAM			
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action	on?	☑ NO		☐ YES	\$
Current Disciplinary Action?		☑ NO	☐ YES		\$
Pending Disciplinary Action?		☑ NO		☐ YES	}
•	plinary action, you waw, and /or Final Ord			1 .	ne Finding of Fact,
Board Signature: Tammy S. Cargile Date: 05/30/2025					

**Executive Director**