

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:   | E WESLEY PARRY        | <u>Y II</u>                                  | License #:           | <u>5588</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>5588</u>                                  | DATE ISSUED:         | 08/16/2005  |
| Qualifications fo   | or license in year of | <u>GRADUATE -</u>                            | NY 1968, the STA     | TE EXAM     |
| Current License Status:   |                       | RESCINDED STATUS EXPIRATION DATE. 12/31/2024 |                      |             |
| Disciplinary Act  | ion?                  | ☑ NO   | ☐ YE                 | S           |
| Current Disciplinary Action?  |                       | ☑ NO   | ☐ YE                 | S           |
| Pending Disciplinary Action?  |                       | ☑ NO   | ☐ YE                 | 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 Signatur  | Tammy                 | S. Cargile re Director                       | Date: <u>05/30/2</u> | <u>2025</u> |