



Tammy S Cargile  
Executive Director

**ALABAMA STATE BOARD OF  
VETERINARY MEDICAL EXAMINERS**  
8100 SEATON PLACE--SUITE A  
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[www.asbvme.alabama.gov](http://www.asbvme.alabama.gov)



**LICENSE VERIFICATION REQUEST AND AUTHORIZATION:**

Name: **KIMBERLY STEPHENS PAULK** License #: **560**

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: **560** DATE ISSUED: **08/20/2008**

Qualifications for license in year of issue: **GRADUATE - JSCC 2008, the STATE EXAM**

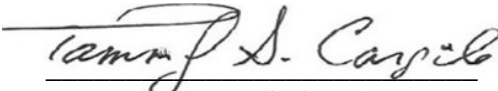
Current License Status: **ACTIVE STATUS EXPIRATION DATE. 12/31/2023**

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:  Date: **12/07/2023**  
**Tammy S. Cargile**  
**Executive Director**