

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: A	me: <u>ALLISON BRADY</u>		License #: <u>5611</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>5611</u>	DATE ISSU	UED:	05/09/2006
Qualifications for license in year of issue:		GRADUATE - AU 2006, the STATE EXAM			
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action?		☑ NO		☐ YES	S
Current Disciplinary Action?		☑ NO		☐ YES	S
Pending Disciplinary Action?		☑ NO		☐ YES	3
• • •	linary action, you w w, and /or Final Ord				ne Finding of Fact,
Board Signature:	•	S. Carrile S. Cargile te Director	Date: <u>0</u> 2	<u>5/30/20</u>	<u>925</u>