

8100 SEATON PLACE--SUITE A **MONTGOMERY AL 36116** (334) 395-5112 (334) 395-5117(fax) Tammy S Cargile Executive Director



ALABAMA STATE BOARD OF **VETERNARY MEDICAL EXAMINERS**



LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name:	ALLISON MONTA	<u>GUE WILLIAM</u>	<u>IS</u> Li	cense #: 5	<u>5948</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>5948</u>	DATE I	SSUED:	05/21/2008
Qualifications for license in year of issue:		GRADUATE - FL 2008, 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	
•	sciplinary action, you w Law, and /or Final Ord				he Finding of Fact,
Board Signature: Tammy S. Cargile Date: 05/30/2025					

Executive Director