

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: 2	ZACHARY E KNIG	<u>HT</u>	Lic	ense #: <u>@</u>	<u> 5530</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>6530</u>	DATE IS	SUED:	04/19/2013
Qualifications for issue:	license in year of	GRADUATE -	<u>AU 2013, 1</u>	the STA	TE EXAM
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Actio	on?	☑ NO		☐ YES	S
Current Disciplinary Action?		☑ NO	☐ YES		S
Pending Disciplinary Action?		☑ NO		☐ YES	S
	olinary action, you w w, and /or Final Ord				ne Finding of Fact,
Board Signature: Tammy S. Cargile Date: 05/30/2025					

Executive Director