

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: <u>BI</u>	RIGITTE McATE	<u>E DACVIM</u>	Licens	se #: <u>@</u>	<u>6633</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>6633</u>	DATE ISSU	ED:	04/10/2014
Qualifications for license in year of issue:		GRADUATE - AU 2014, the STATE EXAM			
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action?		☑ NO		l yes	S
Current Disciplinary Action?		☑ NO	☐ YES		S
Pending Disciplinary Action?		☑ NO	☐ YES		3
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:	•	S. Carrile e Director	Date: <u>05</u> ,	/ <u>30/2(</u>	<u>925</u>