

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>GARRET</u>	T L DENNEY	License #:	<u> 6853</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 N	UMBER: <u>6853</u>	DATE ISSUED:	<u>05/03/2016</u>
Qualifications for license in issue:	year of <i>GRADUAT</i>	E - AU 2016, the STA	TE EXAM
Current License Status:	ACTIVE ST	TATUS EXPIRATION	DATE. 12/31/2025
Disciplinary Action?	☑ NO	☐ YES	S
Current Disciplinary Action	n? 🗹 NO	☐ YES	S
Pending Disciplinary Actio	n? V NO	☐ YE	S
If yes to any disciplinary ac Conclusions of Law, and /o		± •	he Finding of Fact,
Board Signature:	Tammy S. Cargile	Date: <u>05/30/2</u>	<u>025</u>

Executive Director