

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>LISA TI</u>	CE NEUFANG	License #: o	<u> </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>6985</u>	DATE ISSUED:	<u>05/06/2017</u>
Qualifications for license i	n year of <i>GRADUAT</i>	E - AU 2017, the STA	TE EXAM
Current License Status:	ACTIVE S	TATUS EXPIRATION	DATE. 12/31/2025
Disciplinary Action?	☑ NO	☐ YES	S
Current Disciplinary Actio	n? ✓ NO	☐ YES	S
Pending Disciplinary Action	on?	☐ YE	S
If yes to any disciplinary a Conclusions of Law, and /o		¥ •	he Finding of Fact,
Board Signature: Tammy S. Cargile Date: 05/30/2025			

Executive Director