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Executive Director <u>www.asbvme.alabama.gov</u>

ALABAMA STATE BOARD OF VETERNARY MEDICAL EXAMINERS

LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

| Name: <u>KATELYN M WATI</u> | <u>ERS</u> | License #: 2 | <u>7263</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>7263</u> | DATE ISSUED: | 05/09/2019 |
| Qualifications for license in year of issue: | GRADUATE - AU 2018, the STATE EXAM | | |
| Current License Status: | ACTIVE STAT | TUS EXPIRATION | DATE. 12/31/2025 |
| Disciplinary Action? | ☑ NO | ☐ YES | S |
| Current Disciplinary Action? | ☑ NO | ☐ YES | S |
| Pending Disciplinary Action? | ☑ NO | ☐ YES | S |
| 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: Tammy | S. Carrile | Date: <u>05/30/2</u> | <u>025</u> |

Executive Director