

Executive Director

ALABAMA STATE BOARD OF **VETERNARY MEDICAL EXAMINERS** 8100 SEATON PLACE--SUITE A **MONTGOMERY AL 36116** (334) 395-5112

(334) 395-5117(fax)

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name:	SARA ELIZABETH	CANADA-MATTES	License #: <u>7385</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	y needse to pract	ice vetermary med	ichie and/or surgery
ALABAMA BOARD VERIFICATION	ON:		
APPLICANT LICENSE NUMBER:	<u>7385</u>	DATE ISSUED:	05/26/2020
Qualifications for license in year of issue:	GRADUATE -	PURDUE 2020, t	he STATE EXAM
Current License Status:	ACTIVE STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary Action?	☑ NO	□ YE	SS
Current Disciplinary Action?	☑ NO	☐ YE	ZS.
Pending Disciplinary Action?	☑ NO	☐ YE	SS
If yes to any disciplinary action, you we Conclusions of Law, and /or Final Ord			
•	S. Cargile ve Director	Date: <u>05/30/2</u>	<u>2025</u>