

MONTGOMERY AL 36116 (334) 395-5112 (334) 395-5117(fax)



Executive Director www.asbvme.alabama.gov

LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name:	ALLISON L GARD	<u>VER</u>	Licen	ıse #: <u>7</u> 4	<u>409</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 I	LICENSE NUMBER:	<u>7409</u>	DATE ISSU	UED:	07/02/2020
Qualifications for license in year of issue:		GRADUATE - MS 2006, the STATE EXAM			
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Ac	tion?	☑ NO		☐ YES	
Current Disciplinary Action?		☑ NO	☐ YES		
Pending Discipl	inary Action?	☑ NO		☐ YES	
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 Signatu	re: Tammy	S. Carrile	Date: <u>03</u>	5/30/20	<u>25</u>

Executive Director

ALABAMA STATE BOARD OF VETERNARY MEDICAL EXAMINERS 8100 SEATON PLACE--SUITE A