

## 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>ANDREW JACK</u>  | KSON GILLILAND        | License #:                                | <u>7522</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 NUMBE   | R: <u><b>7522</b></u> | DATE ISSUED:                              | 06/08/2021          |  |
| Qualifications for license in year of issue:  | f <i>GRADUATE -</i>   | GRADUATE - AU 2016, the STATE EXAM        |                     |  |
| Current License Status:   | ACTIVE STAT           | ACTIVE STATUS EXPIRATION DATE. 12/31/2025 |                     |  |
| Disciplinary Action?  | ☑ NO                  | ☐ YE                                      | S                   |  |
| Current Disciplinary Action?  | ☑ NO                  | ☐ YE                                      | S                   |  |
| Pending Disciplinary Action?  | ☑ NO                  | ☐ YE                                      | S                   |  |
| If yes to any disciplinary action, yo<br>Conclusions of Law, and /or Final  |                       |   | he Finding of Fact, |  |
| Board Signature: Tammy S. Cargile Date: 05/30/2025  |                       |   |                     |  |

**Executive Director**