

## 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>ERIK N</u>	<u> M CLARY DA</u>	<u>CVS</u>	License	#: <u>7541</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>7541</u>	DATE ISSUE	D: <u>07/07/2021</u>
Qualifications for license issue:	in year of	GRADUATE - K	SU 1991, the	STATE EXAM
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary Action?		☑ NO		YES
Current Disciplinary Action?		☑ NO		YES
Pending Disciplinary Action?		☑ NO		YES
If yes to any disciplinary Conclusions of Law, and	• •			
Board Signature:	Tammy S	S. Cayile	Date: <u>05/3</u>	<u>80/2025</u>

**Executive Director**