

## 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>JEA</u>  | NETTE PETEI | <u>RSON</u>                               | Lic     | cense #: <u>2</u> | 7 <u>607</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 LICEN   | ISE NUMBER: | <u>7607</u>                               | DATE IS | SSUED:            | 04/21/2022    |
| Qualifications for license in year of ssue:   |             | GRADUATE -                                | LINCOLN | N 2019, tl        | ne STATE EXAM |
| Current License Status:   |             | ACTIVE STATUS EXPIRATION DATE. 12/31/2025 |         |                   |               |
| Disciplinary Action?  |             | ☑ NO                                      |         | ☐ YES             | S             |
| Current Disciplinary Action?  |             | ☑ NO                                      | ☐ YES   |                   | S             |
| Pending Disciplinary 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 Signature: Tammy S. Cargile Executive Director  |             |   |         |                   |               |