

8100 SEATON PLACE--SUITE A **MONTGOMERY AL 36116** (334) 395-5112 (334) 395-5117(fax) Tammy S Cargile Executive Director



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ALABAMA STATE BOARD OF **VETERNARY MEDICAL EXAMINERS**

LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name:	SLOAN M BLAYLO	<u> </u>	Lic	ense #: <u>2</u>	<u> 7667</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>7667</u>	DATE IS	SSUED:	07/12/2022
Qualifications f issue: Current License	for license in year of e Status:	STATE EXAM	<u></u>		GLASGOW 2022, the DATE. 12/31/2025
Disciplinary Ac	tion?	☑ NO		☐ YES	S
Current Discipl	inary Action?	☑ NO		☐ YES	S
Pending Discip	linary Action?	☑ NO		☐ YES	S
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 Date: 05/30/2025					

Executive Director