

Executive Director

## 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>ISABELLA MA</u> <u>MS</u>	ZARIEGOS DVM MPI	<u>H</u> License #: <u>&amp;</u>	<u>8056</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>8056</u> D	OATE ISSUED:	02/03/2025
Qualifications for license in year of issue:	f GRADUATE - CO	2022, the STA	TE EXAM
Current License Status:	ACTIVE STATUS	S EXPIRATION	DATE. 12/31/2025
Disciplinary Action?	☑ NO	☐ YES	S
Current Disciplinary Action?	☑ NO	☐ YES	3
Pending Disciplinary Action?	☑ NO	☐ YES	3
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.			
	my S. Cargile	Date: <u>05/30/20</u>	<u>925</u>