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Executive Director

www.asbvme.alabama.gov

ALABAMA STATE BOARD OF VETERNARY MEDICAL EXAMINERS

LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: <u>EM</u>	: <u>EMILY GALLAGH</u>		Lic	8068		
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>8068</u>	DATE IS	SSUED:	02/13/2025	
Qualifications for license in year of issue:		GRADUATE -	ROSS 201	<u>10, the ST</u>	TATE 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		S	
f 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						

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