

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>Sarah A Bishop</u>		License #: <u>8080</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>8080</u>	DATE ISSUED:	03/31/2025
Qualifications for license in year of issue:		GRADUATE - 1	Purdue 2021, the S	STATE EXAM
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary Action?		☑ NO	☐ YE	S
Current Disciplinary Action?		☑ NO	☐ YE	S
Pending Disciplinary Action?		☑ NO	☐ YE	S
• • •	olinary action, you w w, and /or Final Ord		* ·	he Finding of Fact,
Board Signature:	•	S. Carrile e Director	Date: <u>05/30/2</u>	<u>025</u>