

# Alabama License Verification Request

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

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 to the Veterinary Medical Board of \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*There is a \$25.00 service charge for each verification requested. Payment must be received before request can be processed.**

Submit this request or any form supplied by the receiving state by mail with a check or money order for the fee(s). Your request will be processed in a timely manner.

Please make payable to the  
Alabama State Board of Veterinary Medical Examiners or **ASBVME**.

**Be sure to indicate any deadline you are trying to meet.**

Mail: Alabama State Board of Veterinary Medical Examiners  
8 Commerce Street – Suite 910  
Montgomery, AL 36130-5330  
334-262-8068  
[www.asbvme.alabama.gov](http://www.asbvme.alabama.gov)