



ALABAMA STATE BOARD OF
VETERINARY MEDICAL EXAMINERS
8 COMMERCE STREET – SUITE 910
MONTGOMERY, AL 36130-5330



PREMISE PERMIT APPLICATION

Date: _____

Premise Permit Inspection Fee: \$200.00

New Inspection: _____ Reinspection / Change of Ownership: _____

Facility Name: _____

Facility Address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Veterinarians Responsible for Management of Premise

Name: _____ Alabama License Number: _____

Signature: _____ Date: _____