

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:** _____

Submit this request or any form supplied by the receiving state by mail and once we receive it here in the ASBVME Office your request will be processed in a timely manner.

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

Mail: Alabama State Board of Veterinary Medical Examiners
8100 Seaton Place – Suite A
Montgomery, AL 36130-5330
334-395-5112
www.asbvme.alabama.gov