

Alabama License Verification Request

Name: _____ License #: _____

Mailing Address: _____

City

State

Zip

Phone Number: _____

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 currently no charge for license verification requested.

Simply forward this request or any form supplied by the receiving state by mail with a check or money order for the fee(s).

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

Fax: 334-395-5117 or

Mail: Alabama State Board of Veterinary Medical Examiners
8100 Seaton Place – Suite A
Montgomery, AL 36116