ALABAMA STATE BOARD OF
VETERINARY MEDICAL EXAMINERS
8100 SEATON PLACE – SUITE A
MONTGOMERY, ALABAMA 36116
334/395-5112
FAX: 334/395-5117

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: License Number:
Name: License Number:
Name: License Number:
Name: License Number:
Name: License Number:
Signature:_____ Date:_____