

## ALABAMA STATE BOARD OF **VETERNARY MEDICAL EXAMINERS** 8100 SEATON PLACE--SUITE A **MONTGOMERY AL 36116** (334) 395-5112

(334) 395-5117(fax)





## LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

| Name:   | WILLIAM J WHITI                                   | FIELD JR                                  | Lice    | ense #: <u>2</u> | 2 <u>899</u>        |
|---|---|---|---------|------------------|---------------------|
| 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 |   |   |         |                  |                     |
| ALABAMA BOARD VERIFICATION:   |   |   |         |                  |                     |
| APPLICANT L   | ICENSE NUMBER:                                    | <u>2899</u>                               | DATE IS | SUED:            | 07/09/1978          |
| Qualifications for license in year of issue:  |   | GRADUATE - AU 1978, the STATE EXAM        |         |                  |                     |
| Current License Status:   |   | ACTIVE STATUS EXPIRATION DATE. 12/31/2025 |         |                  |                     |
| Disciplinary Action?  |   | ☑ NO                                      |         | ☐ YES            |                     |
| Current Disciplinary Action?  |   | ☑ NO                                      |         | ☐ YES            |                     |
| Pending Disciplinary Action?  |   | ☑ NO                                      |         | YES              |                     |
| •   | ciplinary action, you w<br>Law, and /or Final Ord |   |         |                  | ne Finding of Fact, |
| Board Signature: Cayal Date: 05/30/2025 Tammy S. Cargile  |   |   |         |                  |                     |

**Executive Director**