

Executive Director

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: <u>B</u>	OBBY M CHRIST	<u>IE</u>	License #: 2	<u> 2911</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 LIC	ENSE NUMBER:	<u>2911</u>	DATE ISSUED:	<u>07/15/1979</u>
Qualifications for license in year of ssue:		GRADUATE - TX 1972, the STATE EXAM		
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary Action	n?	☑ NO	☐ YE	S
Current Disciplinary Action?		☑ NO	☐ YE	S
Pending Disciplinary Action?		☑ NO	☐ YE	S
	linary action, you w w, and /or Final Ord			he Finding of Fact,
Board Signature: Tammy S. Cargile Date: 05/30/2025				

Executive Director