

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>MI</u>	CKEY J GOLDE.	<u>N</u>	Lic	cense #: <u>3</u>	<u>3455</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 LICENSE NUMBER:		<u>3455</u>	DATE IS	SSUED:	06/07/1983
Qualifications for license in year of ssue:		GRADUATE - AU 1983, the STATE EXAM			
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action?		☑ NO		☐ YES	S
Current Disciplinary Action?		☑ NO	☐ YES		S
Pending Disciplinary Action?		☑ NO		☐ YES	S
If yes to any disciplir Conclusions of Law,	•				ne Finding of Fact,
Board Signature: Tammy S. Cargile Date: 05/30/2025					

Executive Director