

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>TI</u>	ame: <u>TERESA TROUTM</u>		<u>LIND</u> License #: <u>4085</u>		<u> 4085</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>4085</u>	DATE IS	SSUED:	12/28/1989
Qualifications for license in year of issue:		GRADUATE - AU 1989, 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 discipl Conclusions of Law	•				he Finding of Fact,
- Board Signature:	•	S. Cargile re Director	Date:	05/30/20	<u>025</u>