



Tammy S Cargile  
Executive Director

ALABAMA STATE BOARD OF  
VETERINARY MEDICAL EXAMINERS  
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**LICENSE VERIFICATION REQUEST AND AUTHORIZATION:**

Name: **DAVID G PUGH**

License #: **4437**

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: **4437**

DATE ISSUED: **01/18/1995**

Qualifications for license in year of issue: **GRADUATE - GA 1981, 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

If yes to any disciplinary action, you will find attached a certified copy of the Finding of Fact, Conclusions of Law, and /or Final Order, or the charges of a pending case.

Board Signature:

Tammy S. Cargile  
Executive Director

Date: **05/30/2025**