



Tammy S Cargile
Executive Director

**ALABAMA STATE BOARD OF
VETERINARY MEDICAL EXAMINERS**
8100 SEATON PLACE--SUITE A
MONTGOMERY AL 36116
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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: **KIMBERLY J BOND WEST** License #: **4526**

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: **4526** DATE ISSUED: **09/28/1996**

Qualifications for license in year of issue: **GRADUATE - AU 1996, the STATE EXAM**

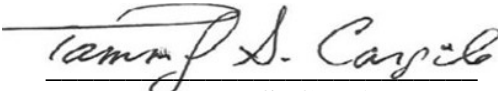
Current License Status: **ACTIVE STATUS EXPIRATION DATE. 12/31/2023**

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:  Date: **12/03/2023**
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