

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>DAVID</u>	W HERTHA	Lio	cense #: <u>4</u>	<u> 1936</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>4936</u>	DATE IS	SSUED:	10/19/1999
Qualifications for license issue:	in year of <u>GRAI</u>	<u> DUATE - AU 1983,</u>	the STAT	TE EXAM
Current License Status:	<u>ACTI</u>	ACTIVE STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary Action?	☑ N	0	☐ YES	S
Current Disciplinary Action	on?	O	☐ YES	S
Pending Disciplinary Acti	on?	O	☐ YES	S
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. Cara		05/30/20	<u>925</u>