

Executive Director

Board Signature:

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:	SUZANNE D YOUN	<u>IG DOUGHERT</u>	Y License #: 5	<u>5486</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 1	LICENSE NUMBER:	<u>5486</u>	DATE ISSUED:	01/11/2005
Qualifications for license in year of Qualifications for license in year of Qualifications		GRADUATE - TX 2003, the STATE EXAM		
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary Ac	etion?	☑ NO	☐ YES	S
Current Discipl	inary Action?	☑ NO	☐ YES	S
Pending Discip	linary Action?	☑ NO	☐ YE	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.				
7100				

Tammy S. Cargile **Executive Director** Date: <u>05/30/2025</u>