

Executive Director

## 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>COURTNE</u>	Y H CADDELL	License #: ;	<u>5494</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 NUI	MBER: <u>5494</u>	DATE ISSUED:	05/08/2005	
Qualifications for license in your street in your s	ear of <u>GRADUATE</u>	GRADUATE - TU 2005, the STATE EXAM		
Current License Status:	atus: <u>ACTIVE STATUS EXPIRATION DATE. 12/31/202</u>		DATE. 12/31/2025	
Disciplinary Action?	☑ NO	☐ YES	S	
Current Disciplinary Action?	☑ NO	☐ YE	S	
Pending Disciplinary Action?	☑ NO	☐ 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: Cayal Date: 05/30/2025 Tammy S. Cargile				

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