

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>DIXIE L MAHAN</u>		License #: <u>5767</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>5767</u>	DATE ISSUED	): <u>05/13/2007</u>
Qualifications for license in year of issue:		GRADUATE - AU 2007, the STATE EXAM		
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary Action?		☑ NO	□ Y	ES
Current Disciplinary Action?		☑ NO	□ Y	ES
Pending Disciplinary Action?		☑ NO	□ Y	ES
If yes to any discipl Conclusions of Law			1 .	f the Finding of Fact, e.
Board Signature:	•	S. Cargile e Director	Date: <u>05/30</u>	<u>/2025</u>