

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>WILLIA</u>	M B TERRY	License #: (<u>6326</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 N	IUMBER: <u>6326</u>	DATE ISSUED:	04/29/2011
Qualifications for license in issue:	n year of GRADU .	ATE - AU 2011, the STA	TE EXAM
Current License Status:	<u>ACTIVE</u>	STATUS EXPIRATION	DATE. 12/31/2025
Disciplinary Action?	☑ NO	☐ YE	S
Current Disciplinary Action	n? ☑ NO	☐ YE	S
Pending Disciplinary Actio	n? ✓ 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.			
Board Signature: Tammy S. Cargile Executive Director			