

## 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>J</u>	ame: <b>JONATHAN W WH</b>		EY License #: <u>6516</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>6516</u>	DATE ISS	UED:	04/19/2013
Qualifications for license in year of issue:		GRADUATE - TU 1986, the STATE EXAM			
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action?		☑ NO	[	☐ YES	\$
Current Disciplinary Action?		☑ NO	☐ YES		\$
Pending Disciplinary Action?		☑ NO	□ Y		}
	linary action, you w w, and /or Final Ord				ne Finding of Fact,
Board Signature:	· ·	S. Cargile e Director	Date: <u>0</u>	) <u>5/30/20</u>	<u>925</u>