

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:

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Name: ZAYAUNA D PA	TTERSON	License #:	<u>7218</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	R: <u>7218</u>	DATE ISSUED:	02/11/2019	
Qualifications for license in year of issue:	<u>GRADUATE</u>	GRADUATE - TU 2016, the STATE EXAM		
Current License Status:	ACTIVE STA	ATUS EXPIRATION	DATE. 12/31/2025	
Disciplinary Action?	☑ NO	☐ YE	S	
Current Disciplinary Action?	☑ NO	☐ YE	S	
Pending Disciplinary 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.				
Board Signature: Cay Date: 05/30/2025 Tammy S. Cargile Executive Director				