

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>CASEY LEAN</u>	N RICHBOURG	License #:	<u>7434</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 NUMI	BER: <u>7434</u>	DATE ISSUED:	10/22/2020
Qualifications for license in year	of <i>GRADUATE -</i>	AU 2020, the STA	TE EXAM
Current License Status:	ACTIVE STAT	TUS 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.			
	mmy S. Cargile ecutive Director	Date: <u>05/30/2</u>	<u>025</u>