

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>LINDSEY THOMA</u>		<u>S</u> License #: <u>7672</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>7672</u>	DATE ISSUED: <u>07/14/2022</u>		
Qualifications for license in year of ssue:		GRADUATE - MS 2022, the STATE EXAM			
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action?		☑ NO	☐ YES		S
Current Disciplinary Action?		☑ NO	☐ YES		S
Pending Disciplinary Action?		☑ NO	☐ YES		S
If yes to any disciplinary ac Conclusions of Law, and /o				1.0	he Finding of Fact,
Board Signature:	Tammy S	L Cayil	Date:	05/30/20	<u>925</u>

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