

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:	DANNIELLA GUZ	MAN, DVM, MS	License #:	<u>8020</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 LI	ICENSE NUMBER:	<u>8020</u>	DATE ISSUED:	10/01/2024
Qualifications for license in year of ssue:		GRADUATE - OH 2024, the STATE EXAM		
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary Acti	ion?	☑ NO	☐ YE	S
Current Disciplin	nary Action?	☑ NO	☐ YE	S
Pending Disciplin	nary 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	lam fx	S. Cayel	Date: <u>05/30/2</u>	<u>2025</u>

Tammy S. Cargile **Executive Director**