

**Board Signature:** 

## 8100 SEATON PLACE--SUITE A MONTGOMERY AL 36116 (334) 395-5112 (334) 395-5117(fax)



Executive Director www.asbvme.alabama.gov

## **LICENSE VERIFICATION REQUEST AND AUTHORIZATION:**

Name:	ASHLEY WIESE, L	OVM, MS, DACV	<u>ZAA</u> License #:	<u>8071</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 L	ICENSE NUMBER:	<u>8071</u>	DATE ISSUED:	02/19/2025
Qualifications for license in year of ssue:		GRADUATE - OH 2007, the STATE EXAM		
Current License	Status:	ACTIVE STAT	US EXPIRATIO	N DATE. 12/31/2025
Disciplinary Act	tion?	☑ NO	☐ YE	SS .
Current Discipli	nary Action?	☑ NO	☐ YE	SS
Pending Discipli	inary Action?	☑ NO	☐ YE	SS
	ciplinary action, you w Law, and /or Final Ord			

Tammy S. Cargile Executive Director

Date: <u>05/30/2025</u>

ALABAMA STATE BOARD OF VETERNARY MEDICAL EXAMINERS