

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>SH</u>	ELBY WALTON	7	Licer	nse #: <u>8</u>	<u>138</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>8138</u>	DATE ISS	UED:	05/20/2025
Qualifications for license in year of issue:		GRADUATE - 1	<u> USKEGEI</u>	E 2025,	the STATE EXAM
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action?		☑ NO		□ YES	
Current Disciplinary Action?		☑ NO	☐ YES		
Pending Disciplinary Action?		☑ NO		□ YES	
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:	•	S. Cargile e Director	Date: <u>0</u>	<u>5/30/20</u>	<u>25</u>