## TEMPORARY LIMITED-SERVICE CLINIC INFORMATION

Items marked with a \* are required.

Date of Notice	
*ADDRESS WHERE RECORDS FOR CLINIC	WILL BE KEPT:
*SPECIFIC TEMPORARY CLINIC LOCATION On-site Bldg. Or Facility:	N:
Street:	
City:	
County:	
*TEMPORARY CLINIC OPERATION HOUR Date of Clinic:	
Hours of Operation: From:	To:
OTHER VETERINARIANS PARTICIPATING Name: Name:	License No:
Name:	License No:
PLEASE NOTE:	

Board Rule §573.71(b) requires veterinarians to notify the Board at least 48 hours before a clinic begins. Notice must include the veterinarian's full name, license number, and daytime phone number; the date the clinic will be held, the specific location of where the clinic will be held, and times of operation; and the permanent address where records for the clinic will be kept. Notice may be by telephone call, facsimile, electronic transmission, or mail. Mailed notice will be considered to have met the notification requirement if the written notice is postmarked at least five days prior to the operation of the clinic.

FOR OFFICE USE ONLY:			
Date Notice Received:	Date Entered in Database:	Entered By:	
		, <u> </u>	Rev. 4/30/13