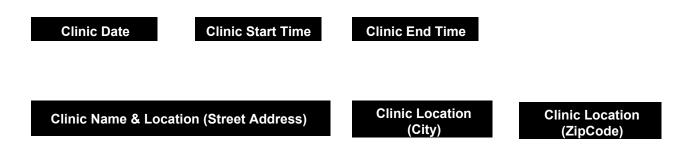
## **Texas Board of Veterinary Medical Examiners**

## NOTICE OF TEMPORARY SERVICE CLINIC



## **Description of Services at Temporary Clinic**

## Contact Person and Records Location

Contact Person

Contact Number @ Temp Location

Contact E-mail

Records Location Address, City, Zip

**DVM License Number** 

**DVM Full Name** 

**DVM Contact Number**