

# Texas Board of Veterinary Medical Examiners

## NOTICE OF TEMPORARY SERVICE CLINIC

**Clinic Date**

**Clinic Start Time**

**Clinic End Time**

**Clinic Name & Location (Street Address)**

**Clinic Location  
(City)**

**Clinic Location  
(ZipCode)**

**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**