

TEMPORARY CLINIC INFORMATION

Date of Notice _____

Licensee's Name _____

Licensee's Number _____

Daytime Phone Number _____

ADDRESS WHERE RECORDS FOR CLINIC WILL BE KEPT:

TEMPORARY CLINIC LOCATION:

On-site Bldg. or Facility: _____

Street: _____

City: _____

County: _____

TEMPORARY CLINIC OPERATION HOURS:

Date of Clinic: _____

Hours of Operation: From: _____ To: _____

OTHER VETERINARIANS PARTICIPATING IN THE OPERATION OF THE CLINIC:

Name: _____ License No.: _____

Name: _____ License No.: _____

Name: _____ License No.: _____

FOR OFFICE USE ONLY:

Date Notice Received: _____ Date Entered in Database: _____ Entered By: _____