North Carolina Department of Agriculture & Consumer Services

Animal Welfare Section/Veterinary Division
1030 Mail Service Center
Raleigh, NC 27699-1030

phone: 919-707-3280 fax: 919-733-6431 e-mail: agr.aws@ncagr.gov

License Application / Renewal Application to operate as the following:

Check one

- ☐ New license
- ☐ Renew a license

check all that apply

- ☐ Public Animal Shelter (no fee for license)
- ☐ Private Animal Shelter (no fee for license

Facility license # _____

Name of facility _____

physical address _____

city _____ NC ZIP code _____ County _____

mailing address (if different from physical address)

mailing address _____

city _____ NC ZIP code _____

phone number _____ fax number _____ email _____

Owner Information

Name of owner _____

owner's address _____

city _____ State _____ ZIP code _____

Information about the facility

cleaning hours _____

hours open to the public _____

Days open to the public (check all that apply)

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

# of dog enclosures _____ maximum # dogs on-site _____

# of cat enclosures _____ maximum # cats on-site _____

Signature of owner or authorized agent _____ date _____

form modified 15 March 2015

Annual Program of Veterinary Care

PURPOSE: This form is to be used for documenting the program of veterinary care in facilities required to be licensed/certified under the Animal Welfare Act. Items below are to be completed with the assistance of a veterinarian licensed in NC. If space is not adequate, use the back of this page or attach additional page(s). This form must be signed by the owner or manager of the facility and the veterinarian.

Name of facility

Facility license #

Veterinarian's information

Name of Veterinarian

Veterinarian's NC license #

address

City

NC

ZIP Code

Phone Number

1) Disease Prevention and Control

The facility and primary enclosures are to be cleaned daily (NCAC 52J .0205, .0207). Describe your procedures for disinfecting the following: primary enclosures, feed & water bowls and bedding (if provided).

2) Vaccination & Parasite Control

Current rabies vaccination is required for all dogs and cats 4 months of age and older. List any other vaccinations you require, specifying the age and species of the animal.

Owner/manager initials

form modified 15 March 2015

Veterinarian's initials

Annual Program of Veterinary Care (continued)

Name of facility

Facility license #

3) Medical Records

Describe how treatments, medications and immunizations are documented. Describe how long records are retained.

4) Isolation

Describe your provisions and procedures for isolation of incoming or sick animals.

5) Diseased or deformed animals

Detail the protocol for the sale of diseased animals &/or deformed animals, including any health guarantees or refunds.

Owner/manager initials

form modified 15 March 2015

Veterinarian's initials

Annual Program of Veterinary Care (continued)

Name of facility

Facility license #

6) Veterinary Care

Detail your protocol for providing adequate veterinary care. Ill or injured animals subject to 19A-32.1 that are not deemed to be seriously ill or injured are to be provided with adequate veterinary care. Animals not subject to 19A-32.1 are to be provided with adequate veterinary care or euthanized.

7) Emergency Veterinary Care

Detail your protocol for providing emergency veterinary care.

8) Surgical Veterinary Care

If surgical veterinary care is provided, detail your protocol for providing surgical veterinary care.

9) Euthanasia

○ This facility does not perform euthanasia.

○ This facility does perform euthanasia.

I certify that the facility named above has implemented this program of veterinary care and that the veterinarian named above assisted in its development.

Signature of owner or authorized agent (required) _____ Date _____

As the veterinarian listed on this form I have discussed these areas of the Program of Veterinary Care with the owner or authorized agent. I am not responsible for any procedures implemented or the direct care of animals at this facility. Veterinary Care is provided to animal at the request of the facility owner or authorized agent. I will notify the Animal Welfare Section in writing within 5 working days if the veterinarian/client relationship is terminated.

Signature of veterinarian (required) _____ Date _____

NOTICE

A license is not transferrable. When there is a transfer of ownership, management or operation of a business ... (they) shall have 10 days from such sale or transfer to secure a new license... A licensee shall promptly notify the director of any change in the name, address, management or substantial control of his business or operation. GS 19A-31. Notify this office of any additions to the facility.