

# North Carolina Department of Agriculture & Consumer Services

Print Form

Animal Welfare Section/Veterinary Division

1030 Mail Service Center  
Raleigh, NC 27699-1030

3.28.11

phone: 919-715-7111 fax: 919-733-6431 e-mail: agr.aws@ncagr.gov

## License Application / Renewal Application to operate as the following:

**check all that apply**

### Check one

- New license  
 Renew a license

Current license #

- Private or Public Animal Shelter (no fee for license)  
 Boarding kennel (\$50 fee)  
 Pet shop selling dogs or cats (\$50 fee)  
 Public auction (\$50 fee)

Name of business

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

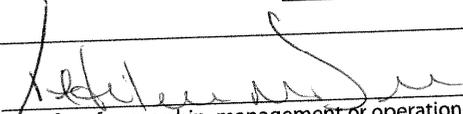
hours open to the public

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

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  
Please notify this office of any additions to the facility.

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**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 Business Dog House Doggie Day Care

Physical Address 191 Lyman St. Suite 160

Ccity Asheville NC ZIP Code 28801

Phone Number (828) 252-2323 Fax Number (828) 252-2314 e-mail doghousedaycare@hotmail.com

Facility License # 10,572

Veterinarian's Information

Name of Veterinarian Dr. David Thompson Veterinarian's NC license #

address 1 Beaverdam Rd.

City Asheville NC ZIP Code 28801 Phone Number +1 (828) 253-3393

**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).*

Primary enclosures are cleaned daily using Clorox Bleach mixing 2 TBS per gallon of water. Dog bedding is washed with detergent, hot water, and Clorox. Food Bowls are sprayed with a food grade sanitizer, according to manufactures directions, then washed. Outside areas are sprayed with a chlorine and water mix.

Owner/manager initials

Kew

Veterinarian's initials

dft

**continued on next page**



## Annual Program of Veterinary Care (continued)

### 5) Diseased or deformed animals

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

N/A

### 6) Emergency Veterinary Care

*Detail your protocol for providing emergency veterinary care.*

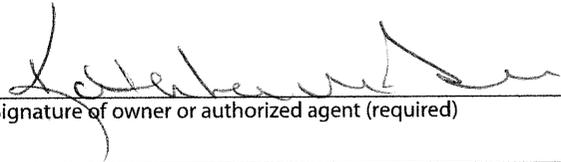
For immediate medical attention the listed veterinarian and the dogs' owner would be contacted. If the dog doesn't have a local veterinarian the Animal Hospital of North Asheville would be contacted to see the dog. If the need is during non-business hours we would use the Regional Emergency Animal Care Hospital.

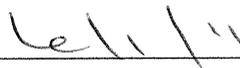
### 7) Euthanasia

This facility does not perform euthanasia.

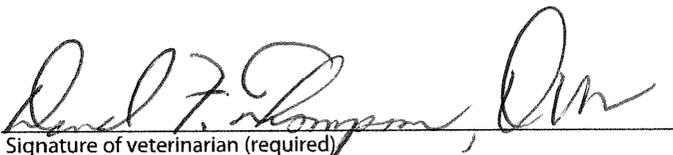
This facility does perform euthanasia.

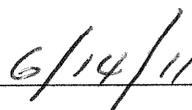
I certify that the facility named above has implemented this program of veterinary care and that the veterinarian named above assisted in its development.

  
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