

North Carolina Department of Agriculture & Consumer Services

Print Form

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

Boarding Kennel (\$75 fee)

Facility License #

Name of Facility

Physical Address

City

NC

ZIP Code

County

Phone Number

Fax Number

Email

Mailing Address (if different from physical address)

Mailing Address

City

NC

ZIP Code

Owner Information

Name of Owner

Owner's Address

City

State

ZIP Code

Information About the Facility

Hours Open to the Public

Days Open to the Public (check all that apply):

Cleaning Hours: (cleanings required at least twice daily).

If more than twice daily, please indicate additional cleaning times in the comment box of Article 1 on the next page.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Time of 1st Cleaning

of Dog Enclosures

Maximum # Dogs On-Site

Time of 2nd Cleaning

of Cat Enclosures

Maximum # Cats On-Site

Signature of Owner or Authorized Agent

Date

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. Enclosures and exercise areas for dogs and cats must be properly cleaned a minimum of two times per day. [02 NCAC 52J .0207(a)]
Is your facility cleaned a minimum of twice daily (including weekends and holidays)? YES NO

Describe your procedures for disinfecting the following: primary enclosures, exercise areas, feed & water bowls, litter boxes and bedding (if provided).

2. All animals in a licensed or registered facility must be in compliance with the North Carolina rabies law, N.C. Gen. Stat. §130A, Article 6, Part 6. [02 NCAC 52J.0210(d)]

Does your facility ensure that all dogs and cats 4 months of age and older remain current with rabies vaccinations? YES NO

List any other vaccinations that you require for dogs and cats:

Owner/Manager Initials _____

Veterinarian's Initials _____

3. A full record of veterinary care is required. [02 NCAC 52J .0101(1-5), 02 NCAC 52J .0102(1-3)]
All animals must be fully documented from the time of intake to the time of release from the facility. All animal records must be retained a minimum of 3 years after the release of the animal; [19A-32.1(j)].

Does your facility retain or plan to retain (new facilities) all records for at least 1 year after the release of an animal?

YES NO

4. All facilities must designate an isolation area for animals being treated or observed for communicable diseases.[02 NCAC 52J .0209(5)]. This applies to incoming animals as well animals that become ill during their stay at the facility.

Does your facility have a designated area for the isolation of animals that are sick during their stay?

YES NO

Briefly describe your procedure for the isolation of incoming ill animals as well as animals that become ill during their stay at the facility:

5. Diseased or deformed animals shall be sold or adopted only under the policy set forth in the "Program of Veterinary Care." Full written disclosure of the medical condition of the animal shall be provided to the new owner. [02 NCAC 52J .0210(c)]

a. Does your facility sell, adopt or transfer dogs and/or cats? YES NO

b. Does your facility sell, adopt or transfer any deformed (i.e. blind, amputee, etc.) dogs and/or cats?
YES NO

c. If you answered YES for either or both questions, 5(a) and 5(b) above, please detail the protocol for the sale or adoption of diseased and/or deformed animals, including any health guarantees or refunds.

If you answered NO to both 5(a) and 5(b) then please disregard this question (5(c))

Owner/Manager Initials _____

Veterinarian's Initials _____

6. Detail your protocol(s) for providing emergency veterinary care to include emergency care during and after normal hours of operation. [02 NCAC 52J .0210(a)]

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

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 license...A licensee shall promptly notify the director of any change in the name, address, management or substantial control of their business or operations. [GS 19A-31]. Notify this office of any additions to the facility.

Signature of Owner or Authorized Agent (required)

Date

Signature of Veterinarian (required)

Date