

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

- Boarding kennel (\$75 fee)
 Pet shop selling dogs or cats (\$75 fee)
 Public auction (\$75 fee)

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

Days open to the public (check all that apply)

hours open to the public

- 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 _____

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 _____

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 _____

Veterinarian's initials _____

Annual Program of Veterinary Care (continued)

Name of facility

Facility license #

6) Emergency Veterinary Care

Detail your protocol for providing emergency veterinary care.

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 the animal(s) 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.