

Minor Change

(No Inspection Needed)

Facility Name: _____ License #: _____

Current Email: _____

Owner: _____ Phone #: _____

(If Address is Changing)

Mailing Address: _____

Physical Address: _____

Owner: _____ Phone #: _____

(If Veterinarian is Changing)

Name of Veterinarian: _____ NC Vet License #: _____

Name of Veterinarian's Practice: _____ Phone #: _____

Address: _____

Veterinarian's Signature: _____

Owner's Signature: _____

Please print and sign the document and return it to us by mail or email.

Mail:
Animal Welfare Section
Attn: Sandra Parker
1030 Mail Service
Raleigh, NC 27699

Email:
agr.aws@ncagr.gov