Shelter Application for Registration

Please fill out the following application and mail/email the completed signed application to one of the following:

Email: (please note if you email you do not also need to send an original by mail) agr.aws@ncagr.gov

If you mail your application through the **United States Postal Service**, please us the following address:
Attn: AWS/Sandra Parker
1030 Mail Service Center
Raleigh, NC 27699
If you mail Send application through **UPS or Fed Ex**, please use the following address:
Attn: AWS/Sandra Parker
2 W Edenton St
Raleigh NC 27601

Every facility must renew their license each year. Applications may be sent starting April 1st and are due by June 15th.
If you are a new facility, you may use the check list below to make sure you have completed all the application items. These should be completed prior to submitting your application.

Checklist for New Facilities

1) Have you checked with local city, county zoning, permitting and environmental services to ensure you're following all applicable laws and regulations?
2) Have you read and do you understand the Animal Welfare Act and its Administrative Codes?
3) Have you had any contact with an agent of the Animal Welfare Section?
4) If this is a new business, please allow at least 3 weeks for AWS to receive and review your application and schedule the pre-licensing/registration inspection before opening the business. You are welcome to contact the AWS Inspector for your county while you are in the planning phase. This step has saved a lot of businesses a lot of money by avoiding costly mistakes in the selection of surfaces with which the animals have contact.

Changes to Existing Facilities

If this is an existing business making a change, then let us know when the change takes effect. Please notify your inspector of the impending change(s).

We encourage you to keep an original copy of your application. The application needs to be in a PDF format. We cannot accept photographs of an application. Please put all the information in the boxes provided as extra, attached pages cannot be accepted. Please do not attach protocols.

North Carolina Department of Agriculture & Consumer Services

Animal Welfare Section

Email application to agr.aws@ncagr.gov

Mailing (please do not mail if you email)

Only USPS
Attn: AWS/Sandra Parker
1030 Mail Service Center
Raleigh NC 27699

Applications are no longer available on-line for viewing. Please make copies.

Only Fed Ex/UPS Attn:
Attn:AWS/Sandra Parker
2 West Edenton St
Raleigh NC 27601

Registration Application/Renewal Application to Operate as an Animal Shelter

New Animal Registration ◯ Shelter (no fee)

Renew Registration ◯

Facility Registration #

Facility Name

Physical Address

City State Zip County

Phone # Business Email

Mailing Address (if different from physical)

Mailing Address

City State Zip

Responsible Party

Responsible Party Name

Responsible Party Address

City State Zip

Phone # Email

Information About Facility

Hours open to the public:

Days open to public (check all that apply)

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Saturday ☐ Sunday ☐

Cleaning hours: (cleanings required twice daily) If more than twice daily, please indicate additional cleaning times in comment box of section 1.

Time of 1st cleaning # of Dog Enclosures Max # of Dogs On-site

Time of 2nd Cleaning # of Cat Enclosures Max # of Cats On-site

Responsible Party Signature Date

Annual Program of Veterinary Care

PURPOSE: This form is to be used for documenting the program of veterinary care in facilities licensed/certified under the Animal Welfare Act. [NCAC 52J .0210] A written Program of Veterinary Care to include disease control and prevention, vaccination, euthanasia, and adequate veterinary care shall be established with the assistance of a licensed veterinarian. (This veterinarian is not necessarily the one providing the veterinary care for the animals). If space is inadequate, 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.

Veterinarian's Information

Name of Veterinarian _____ License # _____

Name of Veterinary Practice _____

Address _____

City _____ State _____ Zip _____ Phone _____

1)Enclosures & exercise areas for dogs & 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 & holidays)? Yes ☐ No ☐

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

Veterinarian Initials

Owner's Initials

2)All animals in a licensed or registered facility must be in compliance with the North Carolina rabies law, NCGS § 130A, Article 6, Part 6. [02 NCAC 52J .0210 (h)]
Does your facility ensure that all dogs & cats 4 months of age & older, that have been in your facility for 15 days or more, have been vaccinated for rabies? Yes ☐ No ☐
List of any other vaccinations that you required for dogs & cats:

3)A complete record of veterinary care is required. [02 NCAC 52J .0101(5)]
Full written disclosure of the medical condition of the animal & all veterinary medical treatments provided to the animal shall be given to the new owner. [02 NCAC 52J .0210 (g)] All animals' records must be retained a minimum of 3 years after the release of the animal. [NCGS 19A-32.1 (j)]
Does your facility retain or plan to retain (new facilities) all animal records for at least 3 years after the release of an animal? Yes ☐ No ☐

Veterinarian Initials

Owner's Initials

4)All facilities must designate an isolation area for animals being treated or observed for communicable diseases. This applies to incoming animals as well as animals that become ill during their stay at the facility. [02 NCAC 52J .0209 (6)] Does your facility have a designated Area for the isolation of animals?
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, injured, infirmed or deformed animals shall be sold or adopted only under the policy set forth in the "Program of Veterinary Care" [02 NCAC 52J .0210(f)] Does your facility sell, adopt, or transfer any diseased, injured, infirmed, or deformed dogs/cats? Yes ☐ No ☐
If you answered Yes, please detail the protocol for the sale or adoption of these animals, including any health guarantees or returns as well as the procedure for providing a full written disclosure.

Veterinarian Initials

Owner's Initials

6)Sick or diseased, injured, lame or blind dogs or cats shall be provided with adequate veterinary care in a timely manner or be euthanized. [02 NCAC 52J .0210 (d)]

Does your facility provide veterinary care for the animals in the facility that are ill or injured (i.e. animals not ill or injured to the degree that would necessitate euthanasia)? Yes ☐ No ☐

Detail the facility's protocol(s) for providing adequate veterinary care:

7)Detail your protocol(s) for providing emergency veterinary care, including emergency care during & after normal hours of operation. [02 NCAC 52J .0210 (a)]

Veterinarian Initials

Owner's Initials

8)Does this facility provide veterinary surgical services on site? Yes ☐ No ☐

9)Does your facility perform euthanasia? Yes ☐ No ☐

10)All facilities must develop & maintain a plan of action for the continuity of care and/or evacuation of animals in the event of natural or man-made disaster. [02 NCAC 52J .0201(r)] Owner/Authorized Agent Initials
Does your facility have an emergency plan? Yes ☐ No ☐
If no, please be advised that AWS will consider your failure to have or implement an emergency disaster plan as an aggravating factor in evaluating any violation that may occur during an emergency/disaster that is a result of or exacerbated by this failure.

11)As an owner or authorized agent, I affirm that all information included in this application is a true & accurate representation of policies, procedures, & actual practices of this facility.
Owner/Authorized Agent Initials ☐

12)As owner or authorized agent, I have read and agree to comply with the NC Animal Welfare Act and the regulations issued pursuant thereto, I agree to cooperate as required by law with the inspections & investigations conducted by personnel of the Animal Welfare Section, Veterinary Division, of the NC Department of Agriculture & Consumer Services.
Owner/Authorized Agent Initials ☐

13)The person signing this application represents & warrants that they have full authority & representative capacity to execute this application in the capacities indicated herein, & that this agreement constitutes the valid & binding obligation of all parties.
Owner/Authorized Agent Initials ☐

14)I will notify the Animal Welfare Section of whether there are any significant changes to the practices & the information contained in this application. [02 52J .0105(2)(3)]
Owner/Authorized Agent Initials ☐

Notice

A license is not transferable. "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." [NCGS 19A-31]. (Forms for these changes may be found on our website www.ncaws.com under AWS Forms)

If applying for a license/registration before March 31st, you will need to apply for renewal in June.

Responsibly Party Signature ☐ Date ☐

Veterinarian's Signature ☐ Date ☐