Pet Shop Application

Please fill out the following application and mail the completed, signed application along with the check or money order for the $75.00 license fee made payable to NCDA&CS. Please mail the application and check for license fee together to avoid unnecessary processing delays.

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.

If you mail your application through the **United States Postal Service**, please use the following address:

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

If you send your application through **UPS or Fed Ex**, please use the address:

Attn: Sandra Parker/AWS
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 pre-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 4 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).

North Carolina Department of Agriculture & Consumer Services

Veterinary Division Animal Welfare Section

Applications are no longer posted online for viewing. Please make copies for yourself.

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

Make Checks Payable:
NCDA&CS/AWS

FedEx/UPS
Attn: Sandra Parker
2 W Edenton St
Raleigh NC 27601

License New/Renewal Application to Operate the Following

Facility Information

New ◯

Renew ◯

Pet Shop $75.00

Public Auction $75.00

Facility License # _____ Email _____

Name of Facility _____

Facility's Physical Address _____

City _____ State _____ Zip _____ County _____

Mailing Address

Mailing Address (if different) _____

City _____ State _____ Zip _____ County _____

Owner Information

Name of Owner _____

Owners Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Email _____

Facility Information

Hours Open to Public

Days Open to the Public

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Saturday ☐ Sunday ☐

Cleaning Hours: (cleaning required at least twice daily)

1st Cleaning Time

2nd Cleaning Time

If more than twice daily, indicate additional cleaning times in comment box of question 1.

# of Dog Enclosures

# of Max Dogs On-site

# of Cat Enclosures

# of Max Cats On-site

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. [02 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 veterinary care on 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 Information

Veterinarian Name

Veterinarian's License #

Practice Name

Address

City State Zip

Phone #

1) Enclosure & 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 and bedding (if provided)

2) All animals in a licensed or registered facility must be in compliance with 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 remain current with rabies vaccinations? Yes ☐ No ☐

List any vaccinations that you require for dogs & cat

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 animal records must be retained a minimum of 1 year after release of the animal. [02 NCAC 52J .0103]
Does your facility retain or plan to retain (new facilities) all animals 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. This applies to incoming animals as well as animals that become ill or injured during their stay at the facility. [02 NCAC 52J .0209(6)] Does your facility have a designated area for the isolation of animals that are ill or injured during their stay?

Yes ☐ No ☐

Briefly describe your procedure for the isolation of incoming ill or injured animals as well as animals that become ill or injured 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 or cats?
Yes ☐ No ☐
If you answered yes, please detail the protocol for the sale or adoption of diseased, injured, infirmed or deformed animals, including any health guarantees or refunds as well as the procedure for providing a full written disclosure.

6) Detail your protocols for providing emergency veterinary care including emergency care during &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 & that the veterinarian named above assisted in its development.

Owner/Authorized Agent Initials

8) All facilities must develop & maintain a plan of action for the continuity of care & evacuation of animals in the event of a natural or manmade disaster. [02 NCAC 52J .201(r)]

Does your facility have an emergency disaster plan? Yes ☐ No ☐

If no, please be advised that AWS will consider your failure to have and/or implement an emergency disaster plan as an aggravating factor in evaluating any violation that may occur during an emergency/disaster that is the result of or exacerbated by this failure.

9) As owner or authorized agent, I affirm that all information included in this application is true &accurate representation of policies, procedures, & actual practices of this facility.

Owner/Authorized Agent Initials

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

Owner/Authorized Agent Initials

11) 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 obligations of all parties.

Owner/Authorized Agent Initials

12) I will notify the Animal Welfare Section, should there be any significant changes to the practices & information contained in this application. [02 NCAC 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.

Owners/Authorized Agent Signature

Date

Veterinarian's Signature

Date