

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

Animal Shelter (no fee for license)

Renew a License

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

Phone Number Email

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 section 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 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 Veterinary Practice

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, NCGS §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, that have been in your facility for 15 days or more, have been vaccinated for rabies? YES NO

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

Owner/Manager Initials _____

Veterinarian's Initials _____

½ A complete record of veterinary care is required. [02 NCAC 52J .0101(1-5)]
Veterinary care of 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 animal records for at least 3 years after the release of an animal? YES NO

& All facilities must designate an isolation area for animals being treated or observed for communicable diseases.
This applies to incoming animals as well animals that become ill during their stay at the facility. [02 NCAC 52J .029(5)]

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

d. If you answered YES to questions 5(b) or 5(c), please detail the protocol for the sale or adoption of diseased and/or deformed animals, including any health guarantees or refunds as well as the procedure for providing a full written disclosure.

If you answered NO to both 5(b) and 5(c), please disregard this question 5(d).

Owner/Manager Initials _____

Veterinarian's Initials _____

6. Sick, diseased, injured, lame or blind dogs or cats shall be provided with veterinary care or be euthanized, provided that this shall not affect compliance with any state or local law requiring the holding, for a specified period, of animals suspected of being diseased. [02 NCAC 52J .0210(c)]

Does the 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 and after normal hours of operation. [02 NCAC 52J .0210(a)]

8. Does this facility provide veterinary surgical services on site? YES NO

9. Does your facility perform euthanasia? YES NO

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

Owner/Authorized Agent Initials

11. 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 a result of or exacerbated by this failure.

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

Owner/Authorized Agent Initials

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

Owner/Authorized Agent Initials

14. The person signing this application represents and warrants that they have full authority and representative capacity to execute this application in the capacities indicated herein, and that this agreement constitutes the valid and binding obligations of all parties.

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." [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