

Animal Welfare Section/Veterinary Division

Mailing Application

Only USPS
1030 Mail Service Center
Raleigh, NC 27699
phone: 919.707.3280

ATTN: AWS/Meghan Ray
Make Checks Payable
NCDA&CS

Only FedEx/UPS
2 W. Edenton St.
Raleigh, NC 27601
email: agr.aws@ncagr.gov

License Application / Renewal Application to Operate as the Following:

Check one

New License

Pet Shop Selling Dogs or Cats (\$75 fee)

Renew a License

Public Auction (\$75 fee)

Facility License # [input]

Name of Facility [input]

Physical Address [input]

City [input] NC ZIP Code [input] County [input]

Phone Number [input] Fax Number [input] Email [input]

Mailing Address (if different from physical address)

Mailing Address [input]

City [input] NC ZIP Code [input]

Owner Information

Name of Owner [input]

Owner's Address [input]

City [input] State [input] ZIP Code [input]

Phone Number [input] Email [input]

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. [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.

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 remain current with rabies vaccinations? YES NO

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

Owner/Manager Initials \_\_\_\_\_

Veterinarian's Initials \_\_\_\_\_

3. 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 1 year after the release of the animal. [02 NCAC 52J .0103]
4. Does your facility retain or plan to retain (new facilities) all animal records for at least 1 year after the release of an animal?  
 YES NO
5. 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 or injured during their stay at the facility. Does your facility have a designated area for the isolation of animals that are sick or injured during their stay?[02 NCAC 52J .029(5)]  
 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 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) then please disregard this question (5(d)).

Owner/Manager Initials \_\_\_\_\_

Veterinarian's Initials \_\_\_\_\_

6. Detail your protocol(s) for providing emergency veterinary care including emergency care during and 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 and that the veterinarian named above assisted in its development.

**Owner/Authorized Agent Initials**

8. 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 a true and accurate representation of policies, procedures and actual practices of this facility.

**Owner/Authorized Agent Initials**

10. As owner or authorized agent, I agree to comply with the N.C. Animal Welfare Act and the regulations 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**

11. 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**

12. I will notify the Animal Welfare Section should there be any significant changes to the practices and information contained in this application.

**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](http://www.ncaws.com) under AWS Forms)  
If applying for a license/registration before March 31st, you will need to apply for renewal in June.

\_\_\_\_\_  
Signature of Owner or Authorized Agent (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Veterinarian (required)

\_\_\_\_\_  
Date