

NC Veterinary Medical Board

Closing Veterinary Practice Facility

This serves to notify the NC Veterinary Medical Board of the closing of a veterinary practice facility.

***** DO NOT ABBREVIATE FACILITY NAME *****

Name of Facility: _____

Street Address of Facility: _____

Mailing Address of Facility: _____

Date of Closing: _____

Name of Owner(s):

Name: _____ License Number: _____

Name: _____ License Number: _____

(Add additional pages to continue owners list if needed.)

Name of any associated professional entities: _____

Facility/Person name and address where patient records can be located: _____

(IMPORTANT: Patient records must be retained for a minimum of 3 years following the patient's last visit.)

Primary Contact Information

Name: _____

Phone Number: () - Email: _____

(Primary contact information will be given to clients who contact this office in search of patient records for the facility.)

Were clients notified of the closing? **Yes** or **No** *(Circle One)*

If YES, how were they notified? _____

Signature: _____

Print Name: _____ Date: _____

Mail to: 1611 Jones Franklin Road, Suite 106, Raleigh NC 27606