

North Carolina Veterinary Medical Board

Veterinary Facility Permit

Moving/Renovation/Change in Services Notification

Please complete the application below to notify the Board of any changes (moving, renovations, types of services, days and hours of operation, and cleaning schedule changes for boarding kennels) for the veterinary facility and/or the boarding kennel:

Note: An inspection must be completed prior to utilizing the new location or renovated space.

(No filing fee.)

1. Owner Information: *(Owners, other than a natural person, must be appropriately registered, be in good standing, and compliant with the laws and regulations of this state.)*

Name of Owner: _____

Physical Address: _____

Mailing Address: _____

E-Mail Address: _____

Phone Number: _____ Cell Number: _____

2. Facility Information:

Name of Facility: _____

Physical Address: _____

Mailing Address: _____

E-Mail Address: _____

Phone Number: _____

Website: _____

3. Days and Hours of Operation:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

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4. Description of services the facility will be providing:

5. Select ALL that apply:

Small Animal Large Animal Mixed Animal Exotic

6. Will the facility have a mobile unit? Yes No

If yes, designate type of mobile: Car/SUV Pickup Truck RV

7. Will this facility provide emergency services? Yes No*

8. Will this facility provide radiology services? Yes No*

9. Will this facility provide hospitalization services? Yes No*

*(*If you answered "No" to questions above, you will be required to have written agreements for services not provided. A copy of those agreements will be required during the inspection process.)*

10. List Renovations: *(Be specific, attach plans if available.)*

11. Requested Date of Inspection *(4–6-week notice is preferred.):* _____

Signature of owner: _____

Print Name: _____ Title: _____

Boarding Kennel Permit:

1. Name of Boarding Kennel: _____

(If different than the name of the veterinary facility.)

2. Days and Hours of Operation:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

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Program of Veterinary Care Section (PVC)

3. Cleaning Hours: (Enclosures and exercise areas must be properly cleaned, including weekends and holidays, a minimum of two times per day pursuant to 21 NCAC 66 .1107.)

Time of first cleaning: _____ Time of second cleaning: _____

4. Describe procedures for cleaning/disinfecting primary enclosures, exercise areas, feed and water bowls, litter boxes, and bedding:

5. Isolation: Required designated isolation area for animals being treated/observed for communicable diseases or animals that become sick or injured during their stay. (21 NCAC 66 .1004(f)) Please initial, indicating you have read and understand this requirement. **Initials:** _____

6. Rabies: All animals in a facility shall be in compliance with the North Carolina rabies law. (21 NCAC 66 .1109(f)) Please initial, indicating you have read and understand this requirement. **Initials:** _____

7. A complete record of care shall be maintained as part of the medical record pursuant to 21 NCAC 66 .1001. Please initial, indicating you have read and understand this requirement. **Initials:** _____

8. Facility has protocols for emergency veterinary care during and after normal hours of operation. **Initials:** _____

9. The facility has implemented the above PVC. **Initials:** _____

10. List Renovations: (*Be specific, attach plans if available.*)

11. Requested Date of Inspection (*4–6-week notice is preferred.*): _____

Signature of owner: _____

Print Name: _____ Title: _____