

# 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 of the changes listed below for the veterinary facility and/or the boarding kennel:

-Moving, renovations, types of services, days and hours of operation, and cleaning schedule changes for boarding kennels.

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

*(No filing fee)*

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**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:**

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**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.)*

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**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:

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**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.*)

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

Signature of owner: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_