

North Carolina Veterinary Medical Board Veterinary Facility Permit – Closing Notification

Please complete the application below to notify the Board that the facility will be closing. *(No filing fee.)*

1. Owner Information:

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. Closing Information:

Date of closing: _____

Facility/Person name and address where patient records can be located: *(Patient records must be maintained for a minimum of 3 years following the patient's last visit.)*

Were clients notified of the closing: Yes _____ or No _____

If yes, how were they notified: _____

Contact Information: *(This information will be provided to clients who contact this office in search of patient records.)*

Name: _____ Phone No.: _____ E-mail: _____

Signature of owner: _____

Print Name: _____ Title: _____