



DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 DIVISION OF AGRICULTURE & RESOURCE MARKETING
 235 Promenade Street, Room 370, Providence, RI 02908-5767
 Phone: 401-222-2781 Fax: 222-6047 TDD: 711 <http://www.dem.ri.gov>

DEM Use Only:
Number: _____ / _____
Approved By: _____
Date: _____

**REGISTRATION APPLICATION FOR
 ANIMAL RESCUE, SHELTER, BROKER, OR REMOTE SALES**

New License **Renewal** *Fill form out completely even if renewal.*

*NOTE: Incomplete Applications may be rejected and returned for completion. Type or print legibly.
 Form can be filled out online and then printed and submitted via fax, postal mail, or scanned and emailed.
 Keep a copy for your records.*

License type: **Category A Registration** **Category B Registration**

NOTE: Category types are defined in Rule 8 of "Rules and Regulations Governing the Importation of Animals which can be viewed at [Rules and Regulations Governing the Importation of Animals \(11/29/12\)](#).

Check as applies:

- RESCUE** (No "brick and mortar" facility within Rhode Island)
- SHELTER** "Animal shelter" means a facility which is used to house or contain animals and which is owned, operated, or maintained by a duly incorporated humane society, animal welfare society, society for the prevention of cruelty to animals, or other nonprofit organization devoted to the welfare, protection, and humane treatment of animals.
- BROKER** "Animal Broker" shall mean any third party who arranges, delivers, or otherwise facilitates transfer of ownership of animal(s), through adoption or fostering, from one party to another, whether or not the party receives a fee for providing that service and whether or not the party takes physical possession of the animal(s) at any point.
- REMOTE SALES** "Remote Sale" shall mean the retail purchase of any animal without first having the opportunity to physically observe or handle the animal, as commonly occurs in internet sales or phone order sales of animals.

**Non-Profit Status is required for Rescue and Shelter.
 Indicate which of the following and provide supporting documentation.**

- Federal 501 (c) 3** **Rhode Island Domestic Non-Profit** **Other**

Is Rescue/Shelter/Broker/etc Licensed in any other State(s)? **Yes** **No**

Licensing Agency (USDA/ State/County/ Municipal): _____

Address: _____

Town / City: _____ **Zip Code:** _____

Telephone: _____ **FAX:** _____

APPLICANT INFORMATION:

Name of REGISTRANT Entity: _____

Name of REGISTRANT Primary contact: _____

Address: _____

Town / City: _____ Zip Code: _____

Mail Address (if different from above): _____

Town / City: _____ Zip Code: _____

Telephone: _____ FAX: _____

Email: _____ Website: _____

Entity MANAGER: _____ Phone: _____

Entity DIRECTOR: _____ Phone: _____

Per RULE 8.04 (d) of [Rules and Regulations Governing the Importation of Animals \(11/29/12\)](#), all entities must identify a Point of Contact who resides within the State of Rhode Island who will be responsible for producing all records that the Department may lawfully request. A copy of all such records must be kept by the designated Point of Contact.

Contact Person in Rhode Island: _____

Address: _____

Town / City: _____ Zip Code: _____

Telephone: _____ FAX: _____

Email: _____ Website: _____

Business Hours:

(If no "brick and mortar" facility, indicate suitable hours to contact for questions, concerns, trace backs, etc.)

Sunday: _____ to _____

Thursday: _____ to _____

Monday: _____ to _____

Friday: _____ to _____

Tuesday: _____ to _____

Saturday: _____ to _____

Wednesday: _____ to _____

After Hours Telephone / Emergency Contact:

Name: _____ Phone: _____

Is ENTITY affiliated with a State / Municipal / County Animal Control? YES NO

If yes, please identify State(s), City(s), Town(s), and /or County(s) and Supervising Animal Control Officer(s): _____

SOURCE of Animals:

Use additional pages if necessary.

Source information also to be recorded on [Rescue Monthly Log Form](#).

Privately owned, relinquished animals YES NO

Note: List owner info on Monthly Log Forms and [Rescue Animal Identification Record](#), not on this application.

Rhode Island Entity: YES NO

Name of RI SHELTER (ENTITY): _____

Address: _____

Telephone: _____ FAX: _____

Municipal Animal Control Facility within Rhode Island: YES NO

Name of RI Facility (ENTITY): _____

Address: _____

Telephone: _____ FAX: _____

Entity outside of Rhode Island YES NO

Name of SHELTER (ENTITY): _____

Address: _____

Telephone: _____ FAX: _____

Out-of-State Municipal /County Animal Control Facility (NOT in RI) YES NO

Name of Facility (ENTITY): _____

Address: _____

Telephone: _____ FAX: _____

CATEGORY B REGISTRANTS:

Mandatory Quarantine / Isolation Facility in Rhode Island (or other approved facility)

Name of FACILITY: _____

Address: _____

Town / City: _____ Zip Code: _____

Telephone: _____ FAX: _____

CATEGORY A REGISTRANTS:

PRE IMPORT PROCESSING PLAN

Plan must reference, in detail, the housing conditions, any isolation procedures, any vaccination procedures, any health screenings, and any disease testing/treatment/or preventative measures that are taken prior to the animal(s) being transported into Rhode Island. *(Use additional pages if necessary)*

Housing conditions:

Isolation procedures (Location, duration):

Vaccination procedures:

<u>DATE</u>	<u>PRODUCT</u>	<u>ADMINISTERED BY</u>
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_____	_____	_____
_____	_____	_____

Health screenings:

Disease testing/treatment/or preventive measures:

USDA LICENSED CARRIER(S): _____ *(Use additional pages if necessary)*

Name of CARRIER: _____

USDA registration Number _____ **RI registration Number:** _____

Address: _____

Town / City: _____ **Zip Code:** _____

Telephone: _____ **FAX:** _____

Email: _____ **Website:** _____

RI Contact Person: _____

Address: _____

Town / City: _____ **Zip Code:** _____

Telephone: _____ **FAX:** _____

Email: _____ **Website:** _____

ALTERNATE TRANSPORT PLAN (For those not intending on using a USDA licensed transporter)
(Use additional pages if necessary)

Vehicle Owner name and number:

Registration, Make and Model of the vehicle being used for conveyance:

Features of the vehicle that will ensure adequate climate control in animal compartment:

Sanitation protocols for the conveyance:

ALL REGISTRANTS

Will ENTITY / SHELTER “foster out” Animals? YES NO

If yes, please provide names, addresses and phone numbers of those individuals (sub-registrants) who will provide foster care for animals. Foster homes are subject to inspection when disease or animal welfare concerns are reported. Also include foster care provider’s affiliations with any rescue groups or leagues. Provide updated Foster information monthly.

Review all below listed information as pertains to licensed releasing agency.

REQUIRED FORMS:

[Rescue Animal Identification Record](#)

Must be maintained by Registrant representative in Rhode Island and available for review as needed.

[Rescue Monthly Log Form](#)

Must be filled out and submitted monthly via faxed, email or mail.

REGULATIONS / RABIES PROTOCOL

RI DEM Website- <http://www.dem.ri.gov/>

The State of Rhode Island Manual for Rabies Management and Protocols

<http://www.dem.ri.gov/programs/bnatres/agricult/pdf/rabiesprot2010.pdf>

RULES & REGULATIONS GOVERNING THE PREVENTION, CONTROL AND SUPPRESSION OF RABIES WITHIN THE STATE OF RHODE ISLAND

<http://www.dem.ri.gov/pubs/regs/regs/agric/rabies10.pdf>

RULES AND REGULATIONS GOVERNING THE IMPORTATION OF ANIMALS (For Licensed releasing agencies / Entities that import animals for adoption):

<http://www.dem.ri.gov/pubs/regs/regs/agric/animimp12.pdf>

FISH AND WILDLIFE / R.I. FERRET REGULATIONS

[Ferret Regulations \(7/17/97\)](#)

RI GENERAL LAWS

State of Rhode Island General Laws / TITLE 4 - Animals and Animal Husbandry

<http://www.rilin.state.ri.us/Statutes/TITLE4/INDEX.HTM>

Relevant Chapters:

- [CHAPTER 4-1 Cruelty to Animals](#)
- [CHAPTER 4-4 Animal Diseases in General](#)
- [CHAPTER 4-11 Psittacine Birds](#)
- [CHAPTER 4-13 Dogs](#)
- [CHAPTER 4-13.1 Regulation of Vicious Dogs](#)
- [CHAPTER 4-19 Animal Care](#)
- [CHAPTER 4-22 Cat Identification Program](#)
- [CHAPTER 4-24 Permit Program for Cats](#)

**NOTE: REGISTRATION expires December 31st of each year.
It is the responsibility of the licensee to renew annually. No reminder will be sent.**

Any change in the maximum number of animals, housing of animals, types of animals, configuration of facility, etc, will require an amendment that must be approved by Animal Health prior to the change being executed.

Signature below indicates knowledge and understanding of laws, regulations and forms listed above. ENTITY / SHELTER DIRECTOR is responsible for employees and/ or volunteers being informed of and understanding laws, regulations and forms listed above.

Signature of Registrant Primary Contact: _____

Title: _____ **Date:** _____

Signature of Registrant MANAGER: _____

Title: _____ **Date:** _____

Signature of Registrant DIRECTOR: _____

Title: _____ **Date:** _____

- * No annual fee required*
- * Use reverse side or additional paper to list any additional information*
- * Complete form in its entirety (incomplete Applications will be returned until completed)*
- * Call DEM / Div. Of Agriculture /Animal Health Section with inquiries @ 401-222-2781 x4515*
- * Fax completed application to 401-222-6047 or,*
- * Sign, date and return application to:*

**RI Department of Environmental Management
Division of Agriculture / Animal Health Section
235 Promenade St. / Rm. 370
Providence, RI 02908-5767**