



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>

APPLICATION FOR A MUNICIPAL POUND LICENSE

FACILITY INFORMATION:

New Facility or Renewal? If renewal, any changes since last year? Yes No

Municipality: _____

Name of Facility: _____

Street Address: _____

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

Telephone: _____ **FAX:** _____

Email: _____ **Website:** _____

Mail Address (if diff. from facility location): _____

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

Business Hours:

Sunday: _____ to _____

Thursday: _____ to _____

Monday: _____ to _____

Friday: _____ to _____

Tuesday: _____ to _____

Saturday: _____ to _____

Wednesday: _____ to _____

After Hours Telephone / Emergency Contact: _____

Supervising / Sr. ACO: _____ **Phone:** _____

Name and Contact Info for Animal Control Supervisor (i.e. Chief of Police or Town / City Manager / Administrator, etc.): _____

Phone: _____

Is POUND affiliated with any other RI Municipal Animal Control? YES NO

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

If FACILITY is run by a Pound Manager/Keeper, list NAME, TITLE and CONTACT INFO for Manager/Keeper and ALL Animal Control Officers.

NAME	TITLE	CONTACT #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all other employees and/or volunteers
Use additional pages if needed

NAME	TITLE
_____	_____
_____	_____
_____	_____
_____	_____

ATTENDING VETERINARIAN(S):

List all Veterinarians which care for animals in your facility. Use additional pages if needed.

Name: _____ Hospital name: _____
Hospital Address: _____
Telephone: _____ FAX: _____
Name: _____ Hospital name: _____
Hospital Address: _____
Telephone: _____ FAX: _____

TYPES OF ANIMALS HOUSED

	# ANIMALS (Capacity of Facility)	# PERMANENT CAGES	# RUNS
DOGS	_____	_____	_____
CATS	_____	_____	_____
OTHER _____	_____	_____	_____

QUARANTINE RUNS / CAGES: List number and type (Dog / Cat / etc.)

ISOLATION ROOMS / RUNS / CAGES: List number and type (Dog / Cat / etc.)

Will POUND “foster out” Animals? YES NO

If yes, please provide names, addresses and phone numbers of those individuals who will provide foster care for POUND 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 (use additional pages if necessary):

ATTACH A DETAILED FLOOR PLAN OF FACILITY

This diagram should include ALL the following:

Main Entrance	Interior and exterior doors
Front desk or reception area	Windows and vents
Location of spay/neuter logs	Heating and/or cooling system
Location of Dog/Cat Intake/Disposition logs	Medical treatment room(s) (if applicable)
Indoor and outdoor runs or cages	Lighting
Isolation or quarantine cages/runs/rooms	Drainage systems
Refrigerator and/or freezer	Location of sprinklers or fire extinguishers
Food storage	Posted emergency evacuation plan or map
Waste receptacles (covered)	

Is Facility equipped with a microchip scanner? YES NO

Does Facility have an emergency evacuation plan? YES NO

Does Facility have a “shelter in place” plan in case of emergency? YES NO

Can Facility temporarily house additional animals in an Emergency or Disaster? YES NO

How Many? DOGS: _____ CATS: _____ OTHER: _____

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>

FORMS

NOTICE TO NEW OWNERS OF RABIES VACCINATION “Rabies Log” per 4-13-31
<http://www.dem.ri.gov/programs/bnatres/agricult/pdf/rabieslog.pdf>

Licensed releasing agency Spay/Neuter LOG Per RI General Law 4-19-16
<http://www.dem.ri.gov/programs/bnatres/agricult/pdf/spaynutr.pdf>

FERRET LOG (To notify adopting party of Spay/neuter / Rabies vaccine / Permit requirement) per 4-13-31 and Fish and Wildlife: [Ferret Regulations \(7/17/97\)](#)
<http://www.dem.ri.gov/programs/bnatres/agricult/pdf/ferretlog.pdf>

RULES AND REGULATIONS GOVERNING THE IMPORTATION OF ANIMALS (For Licensed releasing agencies that import dogs for adoption):
<http://www.dem.ri.gov/pubs/regs/regs/agric/anmlimp8.pdf>

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 4-13 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](#)

Please review above listed information as pertains to Animal Control/ Municipal Pounds.
Download and print forms as needed.

NOTE: Municipal Pound Licenses expire December 31st. 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. Animal Control Supervisor is responsible for employees being informed of and understanding laws regulations and forms listed above.

Signature of Senior Animal Control Officer: _____

Title: _____ Date: _____

Signature of Facility Manager/Pound Keeper: _____

Title: _____ Date: _____

Signature of Animal Control Supervisor (i.e. Chief of Police or Town / City Manager / Administrator, etc.): _____

Title: _____ Date: _____

* Use reverse side to list any additional employees

* Complete form in its entirety

* Call DEM / Div. Of Agriculture /Animal Health Section with inquiries @ 401-222-2781

* 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**

DEM Use Only:

Inspected By: _____ Date: _____

Approved By: _____ Date: _____