



RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 DIVISION OF AGRICULTURE
 235 Promenade Street, Room 370
 Providence, Rhode Island 02908

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

2017 APPLICATION FOR DOG BREEDER LICENSE

- New License** *Fill form out completely even if renewal. NOTE: Incomplete Applications will be rejected and returned. Fillable PDF Form can be filled out and then printed and submitted via fax, postal mail, or scanned and emailed. Send Fee as indicated on Page five. Keep a copy for your records.*
- Renewal**

New Applications: Attach written proof from local Municipal zoning office confirming local ordinance permits Dog BREEDER License at intended location(s).

FACILITY INFORMATION:

Name of Business / Kennel: _____

Street Address: _____

Town / City: _____ State: ____ Zip Code: _____

Telephone: _____ FAX: _____

Email: _____ Website: _____

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

Town / City: _____ State: ____ Zip Code: _____

Business Hours (If not open to public, indicate hours available for inspection*):

Sun: ____ to ____ Mon: ____ to ____ Tues: ____ to ____
 Wed: ____ to ____ Thu: ____ to ____ Fri: ____ to ____ Sat: ____ to ____

After Hours Telephone / Emergency Contact: _____

*Facility complaints may require inspection outside of provided hours.

OWNER / APPLICANT INFORMATION:

Name: _____

Home Address: _____

Town / City: _____ State: ____ Zip Code: _____

Telephone: _____ Email: _____

Mail Address (if diff. from above): _____

Town / City: _____ State: ____ Zip Code: _____

OPERATIONAL PLAN

DESCRIBE HOUSING SYSTEM(S) FOR ALL DOGS (Use additional pages as necessary)

EMPLOYEES

List all current employees and/or volunteers. Use additional pages as necessary.

NAME

TITLE

BREEDS OF DOG TO BE BRED

BREED	Number of FEMALES	Number of MALES
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Number of CANINES (Capacity of Facility)	# PERMANENT CAGES (Can be collapsible)	# OUTDOOR RUNS (Exercise Area)
<hr/>	<hr/>	<hr/>

ISOLATION ROOMS, RUNS OR CAGES: (List number and type, whelping, medical, etc.)

SOURCE(S)* For ANIMALS SOLD:

NAME: _____ **USDA LICENSE:** _____
Address: _____
Town / City: _____ **State:** _____ **Zip Code:** _____
Telephone: _____ **Email:** _____

- * For animals acquired from both in-state **and** out-of-state dealers/brokers/individuals/etc.
- * Use additional pages as necessary
- * Update as necessary

ATTACH A DETAILED FLOOR PLAN* OF BREEDER FACILITY

This diagram should include ALL of the following, as applies:

Main Entrance	Food storage
Interior and exterior doors	Medical treatment room(s) (if applicable)
Front desk or reception area	Windows and vents
Location of RABIES Notification Logs	Heating and/or cooling system
Location of Cleaning Logs	Waste receptacles (covered)
Indoor and outdoor runs or cages (including dimensions)	Drainage systems
Isolation or quarantine cages/runs/rooms	Location of sprinklers or fire extinguishers
Refrigerator and/or freezer (if any Meds)	Posted emergency evacuation plan or map

*Can be hand-drawn on 8x11 (must be legible)

RHODE ISLAND 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 4-19 Animal Care](#) (changes enacted October 11, 2017)
- [CHAPTER 4-25 Pet Warranties – Dogs](#)

All BREEDERS must post the following: [Pet Warranties -Dogs, RIGL §4-25-9 Notice](#)

URL: <http://www.dem.ri.gov/programs/agriculture/documents/dogsign.pdf>

NOTE: “Such notice shall be in one hundred (100) point type” (When printing, do not “Fit to page”).
You may need to take this to a printer to have printed the correct size.

Finished dimensions (border to border) approximately 30 1/8 inches Wide x 16 inches High

REGULATIONS

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

The State of Rhode Island Manual for Rabies Management and Protocols (2016)

[Rules and Regulations Governing the Prevention, Control, and Suppression of Rabies Within the State of Rhode Island](#)

[RULES AND REGULATIONS GOVERNING ANIMAL CARE FACILITIES](#)

NEW in 2015 (Revised 2016)

REGULATIONS (Continued)

RULES & REGULATIONS GOVERNING THE PREVENTION, CONTROL AND SUPPRESSION OF RABIES WITHIN THE STATE OF RHODE ISLAND (2016)

<http://sos.ri.gov/documents/archives/regdocs/released/pdf/DEM/9060.pdf>

RULES AND REGULATIONS GOVERNING THE IMPORTATION OF ANIMALS (2015)

<http://sos.ri.gov/documents/archives/regdocs/released/pdf/DEM/9057.pdf>

LOG FORMS

NOTICE TO NEW OWNERS OF RABIES VACCINATION “Rabies Log” per 4-13-31

<http://www.dem.ri.gov/programs/agriculture/documents/rabieslog.pdf>

**Review above listed information as pertains to Dog Breeders.
Download and print forms as needed.**

NOTE: BREEDER Licenses expire June 30th of each year.

It is the responsibility of the licensee to renew annually. No reminder will be sent.

Additionally:

- * *Use additional paper to list any additional employees, etc.*
- * *Complete form in its entirety (**incomplete Applications will be returned until completed**)*
- * *Include the \$100.00 fee, made payable to The State of Rhode Island*
- * *Call DEM / Div. Of Agriculture /Animal Health Section with inquiries @ 401-222-2781*
- * *Keep a copy of submitted application for your records*
- * *Sign, date and return application to:*

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

OPERATIONAL PLAN

Any proposed change in the approved Operational Plan, including but not limited to the maximum number of animals, housing of animals, breeds of dogs sold, source(s) of animals, and configuration of the facility will require submission of an amended Operational Plan that must be reviewed and approved by DEM/Animal Health prior to the change(s) being executed.

BREEDER / FACILITY OWNER (or equivalent) is responsible for employees and guardians being informed of and understanding the laws and regulations listed above and can attest that to the best of their knowledge, no employee has ever been convicted of animal cruelty or mistreatment.

*****Sign and Date bottom of each page*****

Signature below indicates knowledge and understanding of the laws, regulations, forms and requirements listed above. BREEDER / Facility owner is responsible for employees being informed and understanding all laws, regulations, forms and requirements listed above.

Indicate Title(s) if different than those indicated.

Signature of Owner/Applicant: _____

PRINT Name and Title: _____ **Date:** _____

Signature of Co-Owner/Applicant: _____

PRINT Name and Title: _____ **Date:** _____

Signature of Facility MANAGER: _____

PRINT Name and Title: _____ **Date:** _____

Dog Breeder App November 2017