



DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

DIVISION OF AGRICULTURE

235 Promenade Street, Room 370
Providence, Rhode Island 02908

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

2017 REGISTRATION APPLICATION FOR A BOARDING KENNEL
(Overnight and Social Boarding ie “Doggie Daycare”)

- New License**
- Renewal**

*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 four**. Keep a copy for your records.*

New Applicants: Submit written proof from local municipal zoning office confirming local ordinance permits BOARDING KENNEL at intended location.

FACILITY NAME: _____

Facility Address: _____

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

Telephone: _____ **FAX:** _____

Email: _____ **Website:** _____

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

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

OWNER / APPLICANT INFORMATION:

Name: _____

Address: _____

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

Telephone: _____ **FAX:** _____

Email: _____ **Website:** _____

Mail Address (if diff. from above): _____

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

Facility Business Hours

Sun: _____ **to** _____ **Mon:** _____ **to** _____ **Tue:** _____ **to** _____ **Wed:** _____ **to** _____

Thur: _____ **to** _____ **Fri:** _____ **to** _____ **Sat:** _____ **to** _____

After Hours Telephone / Emergency Contact: _____

OPERATIONAL PLAN

Does BOARDING KENNEL provide Boarding for any Municipal Animal Control? YES NO

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

MUNICIPALITY: _____

Animal Control Officer: _____

Does BOARDING KENNEL provide Boarding/Isolation for RESCUE? YES NO

If yes, identify RESCUE(s): _____

Name of RESCUE Primary Contact: _____

Address (No P.O. Boxes): _____

Town / City/ State: _____ Zip Code: _____

Telephone: _____ FAX: _____

Email: _____ Website: _____

List all other employees and/or volunteers

Use additional pages if needed

NAME

TITLE

NAME	TITLE

TYPES OF ANIMALS HOUSED / BOARDED

Number of ANIMALS # PERMANENT CAGES # Additional Cages / Runs
(Capacity of Facility)

	Number of ANIMALS (Capacity of Facility)	# PERMANENT CAGES	# Additional Cages / Runs
CANINES	_____	_____	_____
FELINES	_____	_____	_____
SM. MAMMALS	_____	_____	_____
OTHER _____	_____	_____	_____

COMMON ROOMS or SOCIALIZATION AREAS:

Please indicate below if the kennel has any areas that are set aside for animals to be housed together.
Provide dimensions of area and number of animals that it will contain.

ISOLATION ROOMS, RUNS OR CAGES (please list number and type):

ATTACH A DETAILED FLOOR PLAN* OF FACILITY (including exterior areas)

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

- | | |
|--|---|
| Main Entrance | Refrigerator and/or freezer <u>(if any Meds)</u> |
| Front desk or reception area | Waste receptacles (covered) |
| Interior and exterior doors | Windows and vents |
| Location of Cleaning Logs | Heating and/or cooling system |
| Indoor and outdoor runs or cages (include dimensions) | Drainage systems |
| Isolation or quarantine cages/runs/rooms | Location of sprinklers or fire extinguishers |
| Medical treatment room(s) (if applicable) | Posted emergency evacuation plan or map |
| Food storage | *Can be hand-drawn on 8x11 (must be legible) |

Is Facility equipped with a microchip scanner? YES NO

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

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

REGULATIONS

RULES AND REGULATIONS GOVERNING ANIMAL CARE FACILITIES

NEW in 2015 (Revised 2016) <http://www.dem.ri.gov/pubs/regs/regs/agric/animcare16.pdf>

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

<http://www.dem.ri.gov/pubs/regs/regs/agric/rabies16.pdf>

RABIES PROTOCOL

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

<http://www.dem.ri.gov/programs/agriculture/documents/rabiesprot2016.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>

- [CHAPTER 4-1 Cruelty to Animals](#)
- [CHAPTER 4-4 Animal Diseases in General](#)
- [CHAPTER 4-11 Psittacine Birds](#)
- [CHAPTER 4-13 Dogs](#)
- **[CHAPTER 4-19 Animal Care \(changes enacted July 16, 2016\):](#)**

OPERATIONAL PLAN

Any proposed change in the approved Operational Plan, including but not limited to the maximum number of animals, housing of animals, types of animals boarded, 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 being executed.

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

NOTE: BOARDING KENNEL Licenses expire June 30th of each year. It is the responsibility of the licensee to renew annually. No reminder will be sent.

Additionally:

- * *Complete the form in its entirety (incomplete Applications will be returned until completed)*
- * *Use additional paper to list any additional employees, etc.*
- * *Call DEM / Div. Of Agriculture /Animal Health Section with inquiries @ 401-222-2781 x4515 or submit questions to marisa.coates@dem.ri.gov*
- * *Include a \$50.00 fee made payable to The State of Rhode Island*
- * *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**

Signature below indicates knowledge and understanding of the laws, regulations, and requirements listed above. Boarding Kennel owner is responsible for employees being informed and understanding all laws, regulations, forms and requirements listed above and can attest that to the best of their knowledge, no employee has ever been convicted of animal cruelty or mistreatment.

Signature of Owner/Applicant: _____

Title: _____ **Date:** _____

Signature of Co-Owner/Applicant: _____

Title: _____ **Date:** _____