



**DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

**DIVISION OF AGRICULTURE**

235 Promenade Street, Room 370  
Providence, Rhode Island 02908

<b>DEM Use Only:</b>	
<b>Number:</b>	_____ / _____
<b>Approved By:</b>	_____
<b>Date:</b>	_____
<b>Online Reporting:</b>	_____

**2017 REGISTRATION APPLICATION FOR A MUNICIPAL POUND**

(Municipal Animal Shelter / Animal Control Facility)

**Municipality (Town/City):** \_\_\_\_\_

**Physical Address (No P.O. Boxes):** \_\_\_\_\_

**Town / City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Mail Address (if diff. from above):** \_\_\_\_\_

**Town / City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Supervising / Sr. ACO:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Animal Control Supervisor (Chief of Police or Town / City Manager / Administrator, etc.)**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**New License**

**Renewal**

*Fill form out completely even if renewal. NOTE: Incomplete Applications may be rejected and returned. Fillable PDF Form can be filled out and then printed and submitted via fax, postal mail, or scanned and emailed. Keep a copy for your records.*

**FACILITY INFORMATION:**

**Name of Facility Used:** \_\_\_\_\_

**Street Address of Facility:** \_\_\_\_\_

**Town / City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone of Facility:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Mail Address (if diff. from facility location):** \_\_\_\_\_

**Town / City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Pound / Facility Manager/Keeper**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Pound / Facility Business Hours**

Sun: \_\_\_\_\_ to \_\_\_\_\_ Mon: \_\_\_\_\_ to \_\_\_\_\_ Tue: \_\_\_\_\_ to \_\_\_\_\_ Wed: \_\_\_\_\_ to \_\_\_\_\_  
Thur: \_\_\_\_\_ to \_\_\_\_\_ Fri: \_\_\_\_\_ to \_\_\_\_\_ Sat: \_\_\_\_\_ to \_\_\_\_\_

After Hours Telephone / Emergency Contact: \_\_\_\_\_

**NAME, TITLE and CONTACT INFO for ALL Animal Control Officers.**

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

**List all other employees and/or volunteers**

*Use additional pages if needed*

NAME	TITLE
_____	_____
_____	_____
_____	_____
_____	_____

**OPERATIONAL PLAN**

**TYPES OF ANIMALS HOUSED**

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

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

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

Does 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 considered "sub-registrants" and 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)

Name	Address	Phone #	Affiliation

**ATTACH A DETAILED FLOOR PLAN\* OF FACILITY (where Animals are Housed)**

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                            |
| <b>Location of RABIES Notification Logs</b>             | Heating and/or cooling system                |
| <b>Location of Cleaning Logs</b>                        | 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)

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)**

[Rules and Regulations Governing the Prevention, Control and Suppression of Rabies Within the State of Rhode Island \(2/25/16\)](#)

**RULES & REGULATIONS GOVERNING THE IMPORTATION OF ANIMALS (Updated October 2015)**

For Licensed Releasing Agencies that import animals for adoption, foster, etc.

[Rules and Regulations Governing the Importation of Animals \(10/8/15\)](#)

**RULES & REGULATIONS GOVERNING IMPORTATION AND POSSESSION OF WILD ANIMALS**

[Rules and Regulations Governing Importation and Possession of Wild Animals \(2/25/16\)](#)

**FISH AND WILDLIFE / R.I. FERRET REGULATIONS**

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

## **RABIES PROTOCOL**

**The State of Rhode Island Manual for Rabies Management and Protocols (Revised June 2016)**  
[2016 Rabies Protocol Manual](#)

### **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 4-13.1 Regulation of Vicious Dogs](#)
- [CHAPTER 4-19 Animal Care](#) (changes enacted July 16, 2016):
- [CHAPTER 4-22 Cat Identification Program](#)
- [CHAPTER 4-24 Permit Program for Cats](#)
- [CHAPTER 4-25 Pet Warranties – Dogs](#)

### **FORMS** *Download and print forms as needed*

NOTICE TO NEW OWNERS OF RABIES VACCINATION “Rabies Log” per 4-13-31  
<http://www.dem.ri.gov/programs/agriculture/documents/rabieslog.pdf> (updated 12/2016)

FERRET LOG (To notify adopting party of Spay/Neuter / Rabies Vaccination / Permit requirement  
(Per RIGL 4-13-31 and Fish and Wildlife: [Ferret Regulations \(7/17/97\)](#))  
<http://www.dem.ri.gov/programs/agriculture/documents/ferretlog.pdf>

PSITTACINE BIRD LOG (PER RIGL 4-11-3)  
<http://www.dem.ri.gov/programs/agriculture/documents/psittacinelog.pdf>

POSSESSION PERMIT APPLICATION FOR AN EXOTIC WILD ANIMAL  
(Application and fee required for *each* Specimen)  
<http://www.dem.ri.gov/programs/agriculture/documents/exoticapp.pdf>

**After application is reviewed and approved, if not already on the system, Registrants will be provided instructions to be set up to have access to the online RI DEM Animal Shelter System (which replaced the Monthly Log form in July of 2015).**

**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 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 being executed.

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

NOTE: Municipal Pound Licenses expire December 31<sup>st</sup> of each year.  
It is the responsibility of the licensee to renew annually. No reminder will be sent.

*Additionally:*

- \* *No annual fee required*
- \* *Use additional paper to neatly 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 Scan and email completed application to [marisa.coates@dem.ri.gov](mailto:marisa.coates@dem.ri.gov)*
- OR**
- \* *Sign, date and mail completed 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 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 (\*Chief of Police or Town / City Manager / Administrator, etc.):  
\_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_