



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:	_____
Online Reporting:	_____

2017 REGISTRATION APPLICATION FOR
ANIMAL RESCUE, SHELTER, BROKER, OR REMOTE SALES
Guidance & Instructions: Application for Rescues, Shelters, etc.
APPLICANT INFORMATION:

Name of REGISTRANT Entity (Rescue/Shelter etc.): _____

Name of REGISTRANT Primary contact: _____

Rescue/Shelter etc. Address (No P.O. Boxes): _____

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

Telephone: _____ Fax: _____

Email: _____ Website: _____

Mail Address (if different from above): _____

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

- New License** *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.*
- Renewal**

License type: **Category A Registration** **Category B Registration**
As defined in Rule 8 of [Rules and Regulations Governing the Importation of Animals \(10/8/15\)](#)

Check which **Licensed Releasing Agency** (As defined in RI General Law 4-19):

- RESCUE** "Animal rescue" or "rescue" means an entity, without a physical brick-and-mortar facility, that 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 intended for adoption.
- SHELTER** "Animal shelter" means a brick-and-mortar facility that is used to house or contain animals and that 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 SALE** "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.

OPERATIONAL PLAN

Rhode Island Point of Contact

Per RULE 8.04 (d) of [Rules and Regulations Governing the Importation of Animals \(10/8/15\)](#) 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 required records must be kept by the designated Point of Contact.**

Rhode Island Point of Contact: _____

Address (No P. O. Boxes): _____

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

Telephone: _____ Fax: _____

Email: _____ Website: _____

After Hours / Emergency Contact Name / Telephone:

Name: _____ Phone: _____

Business Hours

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

Sun: _____ to _____ Mon: _____ to _____ Tue: _____ to _____ Wed: _____ to _____
Thur: _____ to _____ Fri: _____ to _____ Sat: _____ to _____

Proof of 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 State Domestic Non-Profit
 Supporting documentation attached demonstrating current status

Is Rescue/Shelter/Broker/etc. licensed/registered in any other State(s)? Yes No

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

Address: _____

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

Telephone: _____ Fax: _____

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.

PROVIDE UPDATED INFORMATION IMMEDIATELY AS NEW SOURCES ARE ADDED

*******P.O. BOXES ARE NOT ACCEPTABLE*******

1) Privately owned, relinquished animals (Within RI) YES NO

2) Privately owned, relinquished animals (NOT in RI) YES NO

Enter COMPLETE Source information on Online Reporting System and [Rescue Animal Identification Record](#).

3) Rhode Island Private Shelter / Entity: YES NO

Name of RI SHELTER (ENTITY): _____

Address: _____

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

Telephone: _____ Email: _____

4) Rhode Island Municipal Animal Control Facility: YES NO

Name of RI Facility (ENTITY): _____

Address: _____

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

Telephone: _____ Email: _____

5) Out-of-State Private Shelter (NOT in RI): YES NO

Name of SHELTER (ENTITY): _____

Address: _____

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

Telephone: _____ Email: _____

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

Name of Facility (ENTITY): _____

Address: _____

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

Telephone: _____ Email: _____

7) Other: YES NO

Name of Facility (ENTITY): _____

Address: _____

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

Telephone: _____ Email: _____

List all other EMPLOYEES and/or VOLUNTEERS in Rhode Island

(Use additional pages as necessary and update as needed)

Entity MANAGER: _____

Address: _____

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

Telephone: _____ **Email:** _____

Entity DIRECTOR: _____

Address: _____

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

Telephone: _____ **Email:** _____

Additional Employees/Volunteers:

Name	Address	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 as new fosters are added.******

List all current RHODE ISLAND FOSTERS

(Use additional pages as necessary and update as needed)

Name	Address	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CATEGORY A REGISTRANTS

PRE IMPORT PROCESSING PLAN (This MUST be submitted ANNUALLY**)**

Per RULE 8.05 (a) i of the [Rules and Regulations Governing the Importation of Animals \(10/8/15\)](#), “the pre-import processing 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 and Duration**):**

WORK WITH YOUR VETERINARIAN(S) TO PROVIDE THIS INFORMATION:

Vaccination procedures:

Age-based Vaccine schedule: PROVIDE INFO FOR ALL AGES OF CANINES and/or FELINES

Puppies/Kittens: _____

Adult Dog/Cats: _____

Other: _____

Vaccine Producer(s) and Product(s):

Vaccines Administered by:

Health screenings:

Disease testing/treatment/or preventive measures:

CATEGORY A REGISTRANTS

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

1) Name of CARRIER: _____

Address: _____

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

Telephone: _____ Email: _____

2) Name of CARRIER: _____

Address: _____

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

Telephone: _____ Email: _____

ALTERNATE TRANSPORT PLAN (For those not intending to use USDA licensed transport)

For Alternate Transports: Rescue, etc. must maintain MANIFEST and provide upon request.

[Dog and Cat Importation Manifest](#) NOTE: This is a fillable PDF. All fields must be completed.

Vehicle Owner / Driver Name: _____

Phone Number: _____

Registration (plate # and state): _____

Vehicle Make and Model: _____

NUMBER OF ANIMALS IN SHIPMENT: _____

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

Sanitation protocols for the conveyance: _____

CATEGORY B REGISTRANTS:

Mandatory Isolation Facility in Rhode Island (or other approved facility) where dogs/cats will be held for FIVE (5) Days (120 Hours) before being examined by a veterinarian. DEM Animal Health Section must inspect and approve specifically for Isolation prior to use. Must be maintained and constructed according to [Rules and Regulations Governing Animal Care Facilities \(6/20/16\)](#)

(If using multiple Facilities, use additional pages)

Name of FACILITY: _____

Address: _____

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

Telephone: _____ Email: _____

**ATTACH A DETAILED FLOOR PLAN OF FACILITY (unless no "brick and mortar" facility in RI)
For out-of-state Category B Entities, provide plan for approved Rhode Island Isolation Facility.**

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

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

NOTE: REGISTRATION expires December 31st of each year.

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

** No annual fee required*

** Use reverse side or additional paper to neatly list any additional information*

** Complete form in its entirety (incomplete Applications will be returned until completed)*

** Call Div. Of Agriculture /Animal Health with inquiries @ 401-222-2781 x4515*

** Fax completed application to 401-222-6047 or*

** Scan and email completed application to marisa.coates@dem.ri.gov or*

** Sign, date as indicated 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 attests knowledge and understanding of the following laws and regulations:

Rhode Island General Laws:

-CHAPTER 4-1 Cruelty to Animals

<http://webserver.rilin.state.ri.us/Statutes/TITLE4/4-1/INDEX.HTM>

-CHAPTER 4-4 Animal Diseases in General

<http://webserver.rilin.state.ri.us/Statutes/TITLE4/4-4/INDEX.HTM>

-CHAPTER 4-19 Animal Care

<http://webserver.rilin.state.ri.us/Statutes/TITLE4/4-19/INDEX.HTM>

-REGULATIONS:

[Rules and Regulations Governing Animal Care Facilities \(6/20/16\)](#)

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

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

See [Guidance & Instructions: Application for Rescues, Shelters, etc.](#) for additional Forms, Laws and Regulations that may apply.

OPERATIONAL PLAN

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. New Sources of Animals, Fosters or changes in staff must be reported immediately.

Notification Requirement per Rule 8.04 (e)

8. 04 General Requirements of all entities and carriers: e. Must notify the Department of all expected shipments of dogs or cats being imported into the state as to the time and location of the arrival of the shipments. Notification must be received by the Department no less than 24 hours prior to arrival of the shipment. See Guidance document for Notification Format.

MANAGER/ DIRECTOR (or equivalent) is responsible for employees, sub-registrants and/ or volunteers being informed of and understanding laws, regulations listed above and can attest that to the best of their knowledge, no employee, volunteer or foster has ever been convicted of animal cruelty or mistreatment.

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

Indicate Title(s) if different than those indicated.

Signature of Registrant Primary Contact: _____

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

Signature of Registrant MANAGER: _____

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

Signature of Registrant DIRECTOR: _____

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