



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 BOARDING KENNEL LICENSE

FACILITY INFORMATION:

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

Name of Facility: _____

Street Address: _____

Town or 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: _____

OWNER/APPLICANT INFORMATION:

Name: _____

Home Address: _____

Telephone: _____

Is KENNEL affiliated with any RI Municipal Animal Control? YES NO

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

EMPLOYEES

Please list all current employees and/or volunteers

NAME

TITLE

TYPES OF ANIMALS TO BE BOARDED

	# ANIMALS (Capacity of Facility)	# PERMANENT CAGES	# RUNS
CANINES	_____	_____	_____
FELINES	_____	_____	_____
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 – either part of the day or full-time. Give dimensions of area and number of animals that it would normally house.

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

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: _____

ATTACH A DETAILED FLOOR PLAN OF YOUR KENNEL

This diagram should include ALL the following:

Main Entrance	Interior and exterior doors
Front desk or reception area	Windows and vents
Indoor and outdoor runs or cages	Heating and/or cooling system
Isolation cages/runs or rooms	Lighting
Food storage	Drainage systems
Refrigerator and/or freezer	Location of sprinklers or fire extinguishers
Medical treatment room(s) (if applicable)	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:

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>

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 4-19 Animal Care](#)

Please review above listed information as pertains to Boarding Kennels.
Download and print information as needed.

NOTE: Boarding Kennel Licenses expire June 30th. 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 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.

Signature of Owner/Applicant: _____

Title: _____ Date: _____

Signature of Co-Owner/Applicant: _____

Title: _____ Date: _____

- * Complete the form in its entirety
- * Use reverse side to list any additional employees, etc.
- * Call DEM / Div. Of Agriculture /Animal Health Section with inquiries @ 401-222-2781
- * Include a \$50.00 fee made payable to The State of Rhode Island
- * Sign, date and return application to:

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

DEM Use Only:

Inspected By: _____ Date: _____

Approved By: _____ Date: _____