



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Department of the Environment Management  
DIVISION OF AGRICULTURE (ANIMAL HEALTH SECTION)  
235 Promenade Street  
Providence, RI 02908-5767  
(401) 222-2781 (T.D.D. 401-222-4462)

**POSSESSION PERMIT APPLICATION FOR AN EXOTIC WILD ANIMAL**

PERMIT FEE \$5.00 / USE ON APPLICATION PER ANIMAL

This application must be filled out COMPLETELY or application cannot be processed.

**Please read the following INSTRUCTIONS:**

Issuance of permits may be made by the Department upon:

- 1) Receipt of written application providing the information and letter specified on the reverse side not less than seven (7) days preceding the probable date of shipment.
- 2) Animal Facility Inspection by the Department.
- 3) Payment of fees as required under RI General Laws 4-18-8 (\$5.00 check made payable to State of Rhode Island)
- 4) Determination by the Department that human as well as native wildlife and domestic animal health and safety are not endangered.
- 5) Approval of the probable point of first arrival into this state.
- 6) Receipt by the State Veterinarian of a Certificate of Veterinary inspection signed and issued within 30 days of anticipated importation by a veterinarian licensed in the State of Origin and countersigned by the official in the State of Origin responsible for the control of animal disease, specifically identifying the individual animals imported. The certificate shall state that such animal(s) are free from signs of infectious, contagious, and communicable disease, and certify such animals to be free of those diseases specified by the Department.
- 7) The permit shall indicate the conditions under which the animal(s) are to be maintained, such conditions are to be determined by current prevailing (AAZPA) Standards and in accordance with Section 3.03 (a-I) of the enclosed wild animal regulations.

(OVER FOR APPLICATION)



## EXOTIC PERMIT APPLICATION

### Owner / Importer Information

Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone (Day): (\_\_\_\_) \_\_\_\_\_ Phone (Night): (\_\_\_\_) \_\_\_\_\_

Species (Common Name): \_\_\_\_\_

True Scientific Name: \_\_\_\_\_

Exotic Identification: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Carrier and probable of point of first arrival: \_\_\_\_\_

The location where the animal will be held in quarantine pending tests/veterinary examination including PHONE number: \_\_\_\_\_

Location where animal will be permanently housed following quarantine: \_\_\_\_\_

The purpose for which animal will be imported  Breeding  Zoo  Pet Ownership  
 Exhibition  Other (Specify): \_\_\_\_\_

The full consignee name: \_\_\_\_\_

The full consignee address: \_\_\_\_\_

The full consignor name: \_\_\_\_\_

The full consignor address: \_\_\_\_\_

The name and address of the attending veterinarian including PHONE number: \_\_\_\_\_

In addition to the above indicated information, the application must also provide:

1. A letter from the above named veterinarian stating that they will be providing routine medical care for the animal as well as performing those tests and procedures required by the Department.
2. A detailed "written" description of the manner in which the animal's nutritional, housing and exercise needs will be met as well as any needs specific to the particular species.

This Permit Application, the letter from the Veterinarian, and the written detailed description must be submitted within 7 Days preceding the probable date of shipment.