



Rhode Island Department of Environmental Management
Division of Agriculture / Animal Health Section
Providence, RI 02908-5767
Phone: 401-222-2781 Fax: 401-222-6047
ADD: 401-831-5508
<http://www.dem.ri.gov/>

APPLICATION FOR A BOARDING KENNEL LICENSE

FACILITY INFORMATION:

Name of Facility: _____

Street Address: _____

Town or City: _____ **Zip Code:** _____

Telephone: _____ **FAX:** _____

Email: _____ **Website:** _____

Business Hours:

SUN.	_____ to _____	THURS.	_____ to _____
MON.	_____ to _____	FRI.	_____ to _____
TUES.	_____ to _____	SAT.	_____ to _____
WEDS.	_____ to _____		

After Hours Telephone / Emergency Contact: _____

Local Animal Control Officer: _____

Phone: _____

MAILING ADDRESS: (if different from facility location)

Is KENNEL affiliated with any other RI or MA Municipal Animal Control?

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

ATTENDING VETERINARIAN(S):

(Please list all veterinarians who care for the animals in your facility)

Name: _____

Hospital Address: _____

Telephone: _____ FAX: _____

Name: _____

Hospital Address: _____

Telephone: _____ FAX: _____

Name: _____

Hospital Address: _____

Telephone: _____ FAX: _____

EMPLOYEES

Please list all current employees and/or volunteers

TYPES OF ANIMALS

	<i># ANIMALS</i>	<i># PERMANENT CAGES</i>	<i># RUNS</i>
DOGS	_____	_____	_____
CATS	_____	_____	_____
SM. MAMMALS	_____	_____	_____
REPTILES	_____	_____	_____
BIRDS	_____	_____	_____

OTHER:

QUARANTINE RUNS OR CAGES: *(please list number and type)*

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.

Does KENNEL have an emergency evacuation plan? _____ YES _____ NO

**Does KENNEL have a “shelter in place” plan in case of emergency?
_____ YES _____ NO**

PLEASE PROVIDE A DETAILED FLOOR PLAN OF YOUR KENNEL

This diagram should include ALL the following:

- | | |
|---|--|
| Indoor and outdoor runs or cages | Front desk or reception area |
| Interior and exterior doors | Cooler and/or freezer |
| Windows and vents | Location of sprinklers or fire extinguishers |
| Heating and/or cooling system | Posted emergency evacuation plan or map |
| Lighting | Waste receptacles |
| Isolation or quarantine cages/runs or rooms | Medical treatment room(s) <i>(if applicable)</i> |
| Food storage | |
| Drainage systems | |

Signature of Attending Veterinarian(s):

Signature of Applicant: _____

Title: _____ Date: _____

- * Use reverse side to list any additional employees
- * Please complete the form in its entirety
- * Call DEM/Div. of Agriculture /Animal Health Section with any questions or concerns at 222-2781.
- * Sign, date and return application **with \$50.00 fee** made payable to the State of Rhode Island to:

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

Inspected By: _____ Date: _____

Approved By: _____ Date: _____