

Could your kennel help board extra pets during an emergency

YES _____ NO _____

If YES, how many more dogs and cats (beyond the licensed normal capacity) might board for a few days, in an emergency?

Approximate number DOGS _____ CATS _____



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/>

RENEWAL APPLICATION FOR A BOARDING KENNEL LICENSE

\$50.00 FEE

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) AND STAFF MEMBERS: If your attending veterinarian or staff members or any information that has changed since last year please make a note on the back of this application.

ATTENDING VETERINARIAN(S) AND STAFF MEMBERS:

Name: _____

Hospital Address: _____

Telephone: _____ FAX: _____

Name: _____

Hospital Address: _____

Telephone: _____ FAX: _____

EMPLOYEES

Please list all current employees and/or volunteers

PLEASE PROVIDE A DETAILED FLOOR PLAN OF YOUR KENNEL IF THIS HAS CHANGED SINCE LAST YEAR.

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) (*if applicable*)
Food storage -Drainage systems

* *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: _____