



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.state.ri.us/dem/>

APPLICATION FOR A PET SHOP 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: _____

Manger / Director: _____ Phone: _____

MAILING ADDRESS: (if different from facility location)

OWNER/APPLICANT INFORMATION:

Name: _____

Home Address: _____

Telephone: _____

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 TO BE SOLD

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

OTHER:

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

Common Rooms or Socialization Areas:

Please indicate below if the PET SHOP 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.

Please provide USDA license number if selling dogs, cats or small mammals:

Does PET SHOP have an emergency evacuation plan? _____ YES _____ NO

Does PET SHOP have a “shelter in place” plan _____ YES _____ NO

Is PET SHOP equipped with a microchip scanner? _____ YES _____ NO

PLEASE PROVIDE A DETAILED FLOOR PLAN OF YOUR PET SHOP

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 |
| Location of rabies notification logs | Food storage |
| Socialization and/or Common Rooms | Location of psittacine logs |
| Medical treatment room(s) | Isolation or quarantine cages/runs or rooms |
| Drainage systems | |

Signature of Attending Veterinarian(s):

Signature of Owner/Applicant: _____

Title: _____ Date: _____

Signature of Owner/Applicant:

Title: _____ Date: _____

- * Use reverse side to list any additional employees
- * Please complete the form in its entirety
- * Include a \$100.00 fee made payable to The State of Rhode Island
- * Call DEM / Div. Of Agriculture /Animal Health Section with any questions or concerns at 222-2781
- * Sign, date and return application 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: _____