



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/>

RENEWAL APPLICATION FOR A PET SHOP LICENSE
LICENSE FOR 2009 - 2010 \$100.00

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)

PLEASE ATTACH A NOTE WITH ANY CHANGES.

OWNER/APPLICANT INFORMATION:

ATTENDING VETERINARIAN(S):

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

EMPLOYEES- *Please list all current employees and/or volunteers*

TYPES OF ANIMALS TO BE SOLD

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 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:** _____