

RENEWAL APPLICATION FOR A POUND 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: _____

Supervising Animal Control Officer: _____

Phone: _____

MAILING ADDRESS: (if different from facility location)

Is POUND 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: _____

IF ANY BELOW INFORMATION HAS CHANGED PLEASE FILL IT OUT.
IF SAME AS ON ORIGINAL APPLICATION, LEAVE BLANK.

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)*

If **WILDLIFE** will be Sheltered:

Name and Phone number of RI Licensed Rehabilitator: _____

Cage and/or Run space set aside for Wildlife: _____

Common Rooms or Socialization Areas:

Please indicate below if the shelter 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 **POUND** have an emergency evacuation plan? _____ YES _____ NO

Does **POUND** have a “shelter in place” plan _____ YES _____ NO

Is **POUND** equipped with a microchip scanner? _____ YES _____ NO

Will **POUND** “foster out” Animals? _____ YES _____ NO

If yes, please provide names, addresses and phone numbers of those individuals who will provide foster care for POUND animals. Also include foster care provider’s affiliations with any rescue groups or leagues:

PLEASE PROVIDE A DETAILED FLOOR PLAN OF YOUR POUND IF YOU HAVE NOT IN THE PAST OR IF YOUR PLANS HAVE CHANGED.

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 | Location of spay/neuter logs |
| Waste receptacles | Isolation or quarantine cages/runs or rooms |
| Food storage | Medical treatment room(s) <i>(if applicable)</i> |
| Drainage systems | Carbon monoxide chamber <i>(if applicable)</i> |

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 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:** _____