



RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 DIVISION OF AGRICULTURE
 235 Promenade Street, Room 370
 Providence, Rhode Island 02908

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|----------------------|
| DEM Use Only: |
| Number: _____/_____ |
| Approved By: _____ |
| Date: _____ |

REGISTRATION APPLICATION FOR ANIMAL RESCUE, SHELTER, BROKER, OR REMOTE SALES

APPLICANT INFORMATION:

Name of REGISTRANT Entity (Rescue/Shelter etc.): _____

Name of REGISTRANT Primary contact: _____

Rescue/Shelter etc. Address: _____

Town / City: _____ State: _____ Zip Code: _____

Mail Address (if different from above): _____

Town / City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

- New License**
- Renewal**

Fill form out completely even if renewal. NOTE: Incomplete Applications may be rejected and returned. Form can be filled out online and then printed and submitted via fax, postal mail, or scanned and emailed. Keep a copy for your records.

License type: **Category A Registration** **Category B Registration**

As defined in Rule 8 of [Rules and Regulations Governing the Importation of Animals \(10/8/15\)](#)

Check as applies:

- RESCUE** (No “brick and mortar” facility within Rhode Island)
- SHELTER** "Animal shelter" means a facility which is used to house or contain animals and which is owned, operated, or maintained by a duly incorporated humane society, animal welfare society, society for the prevention of cruelty to animals, or other nonprofit organization devoted to the welfare, protection, and humane treatment of animals.
- BROKER** “Animal Broker” shall mean any third party who arranges, delivers, or otherwise facilitates transfer of ownership of animal(s), through adoption or fostering, from one party to another, whether or not the party receives a fee for providing that service and whether or not the party takes physical possession of the animal(s) at any point.
- REMOTE SALES** “Remote Sale” shall mean the retail purchase of any animal without first having the opportunity to physically observe or handle the animal, as commonly occurs in internet sales or phone order sales of animals.

Rhode Island Contact

Per RULE 8.04 (d) of [Rules and Regulations Governing the Importation of Animals \(10/8/15\)](#), all entities must identify a Point of Contact who resides within the State of Rhode Island who will be responsible for producing all records that the Department may lawfully request. A copy of all such records must be kept by the designated Point of Contact.

Rhode Island Point of Contact: _____
Address: _____
Town / City: _____ State: _____ Zip Code: _____
Mail Address (if different from above): _____
Town / City: _____ State: _____ Zip Code: _____
Telephone: _____ Email: _____

Business Hours

Sun: _____ to _____ Mon: _____ to _____ Tue: _____ to _____ Wed: _____ to _____
Thurs.: _____ to _____ Fri: _____ to _____ Sat: _____ to _____

(If no "brick and mortar" facility, indicate suitable hours to contact for questions, concerns, trace backs, etc.)

After Hours Telephone / Emergency Contact:

Name: _____ Phone: _____

ALL REGISTRANTS

Proof of Non-Profit Status is required for Rescue and Shelter.

Indicate which of the following and provide supporting documentation.

- Federal 501 (c) 3 Rhode Island Domestic Non-Profit Other _____
 Supporting documentation attached

Is Rescue/Shelter/Broker/etc. Licensed in any other State(s)? Yes No

Licensing Agency (USDA/ State/County/ Municipal): _____

Address: _____

Town / City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Is ENTITY affiliated with a State / Municipal / County Animal Control? YES NO

If yes, please identify State(s), City(s), Town(s), and /or County(s) and Supervising Animal

Control Officer(s): _____

SOURCE of Animals:

Use additional pages if necessary.

Source information also to be recorded via the RI DEM Animal Shelter Online Reporting System

Privately owned, relinquished animals YES NO

Note: List private owner info in Online System and [Rescue Animal Identification Record](#), not on this application.

Rhode Island Entity: YES NO

Name of RI SHELTER (ENTITY): _____

Address: _____

Town / City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Rhode Island Municipal Animal Control Facility: YES NO

Name of RI Facility (ENTITY): _____

Address: _____

Town / City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Out-of-State Private Shelter (NOT in RI): YES NO

Name of SHELTER (ENTITY): _____

Address: _____

Town / City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Out-of-State Municipal /County Animal Control Facility (NOT in RI) YES NO

Name of Facility (ENTITY): _____

Address: _____

Town / City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Other:

Name of Facility (ENTITY): _____

Address: _____

Town / City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

List all other EMPLOYEES and/or VOLUNTEERS
(Use additional pages as necessary and update as needed)

Entity **MANAGER:** _____

Address: _____

Town / City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Entity **DIRECTOR:** _____

Address: _____

Town / City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Additional Employees/Volunteers:

| Name | Address | Phone number |
|------|---------|--------------|
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Will ENTITY / SHELTER “foster out” Animals? YES NO

If yes, please provide names, addresses and phone numbers of those individuals (sub-registrants) who will provide foster care for animals. Foster homes are subject to inspection when disease or animal welfare concerns are reported. Also include foster care provider’s affiliations with any rescue groups or leagues. Provide updated Foster information monthly.

List all current RHODE ISLAND FOSTERS
(Use additional pages as necessary and update as needed)

| Name | Address | Phone number |
|------|---------|--------------|
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ATTENDING VETERINARIAN(S):

List information for all Veterinarians which care for animals in your care.

(Use additional pages as necessary and update as needed)

Veterinarian(s) OUTSIDE of RI

Name: _____ Hospital name: _____

Hospital Address: _____

Telephone: _____ FAX: _____

Name: _____ Hospital name: _____

Hospital Address: _____

Telephone: _____ FAX: _____

Veterinarian(s) WITHIN RI

Name: _____ Hospital name: _____

Hospital Address: _____

Telephone: _____ FAX: _____

Name: _____ Hospital name: _____

Hospital Address: _____

Telephone: _____ FAX: _____

NEW [Rules and Regulations Governing Animal Care Facilities \(10/8/15\)](#)

ATTACH A DETAILED FLOOR PLAN OF FACILITY *(unless no "brick and mortar" facility in RI)*
For out-of-state Entities, provide plan for approved Rhode Island Quarantine/Isolation Facility

This diagram should include ALL of the following as applies, including Dimensions as apply:

- | | |
|---|--|
| Main Entrance | Interior and exterior doors |
| Front desk or reception area | Windows and vents |
| Location of rabies and spay/neuter logs | Heating and/or cooling system |
| Location of Dog/Cat Intake/Disposition logs | Medical treatment room(s) (if applicable) |
| Indoor and outdoor runs or cages | Waste receptacles (covered) |
| Isolation or quarantine cages/runs/rooms | Drainage systems |
| Refrigerator and/or freezer | Location of sprinklers or fire extinguishers |
| Food storage | Posted emergency evacuation plan or map |

CATEGORY A REGISTRANTS

PRE IMPORT PROCESSING PLAN

Per RULE 8.05 (a) i of the [Rules and Regulations Governing the Importation of Animals \(10/8/15\)](#), the pre-import processing plan must reference, in detail, the housing conditions, any isolation procedures, any vaccination procedures, any health screenings, and any disease testing/treatment/or preventative measures that are taken prior to the animal(s) being transported into Rhode Island. *(Use additional pages if necessary)*

Housing conditions:

Isolation procedures (Location and Duration):

Vaccination procedures

Age-based Vaccine schedule: _____

Vaccine Producer(s) and Product(s): _____

Vaccines Administered by: _____

Health screenings:

Disease testing/treatment/or preventive measures:

USDA LICENSED CARRIER(S): _____ (*Use additional pages if necessary*)

Name of CARRIER: _____

Address: _____

Town / City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Email:** _____

If using more than one:

Name of CARRIER: _____

Address: _____

Town / City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Email:** _____

ALTERNATE TRANSPORT PLAN (For those not intending on using a USDA licensed transporter) (*Use additional pages if necessary*)

Vehicle Owner Name and Phone Number: _____

Registration (plate # and state): _____

Vehicle Make and Model: _____

Features of the vehicle that will ensure adequate climate control in animal compartment:

Sanitation protocols for the conveyance: _____

CATEGORY B REGISTRANTS:

Mandatory Quarantine / Isolation Facility in Rhode Island (or other approved facility)

Name of FACILITY: _____

Address: _____

Town / City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Email:** _____

Name of FACILITY: _____

Address: _____

Town / City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Email:** _____

All Registrants

Review all below listed information as pertains to Licensed Releasing Agency.

REQUIRED FORMS:

[Rescue Animal Identification Record](#) Per RULE 8.08 Record keeping (vii and viii)

Records must be maintained for a period of **three years after the importation** of the animal. Rescue/Shelter/Broker/etc. representative in Rhode Island must make available for review as needed.

REGULATIONS / RABIES PROTOCOL

NEW! [Rules and Regulations Governing Animal Care Facilities \(10/8/15\)](#)

The State of Rhode Island Manual for Rabies Management and Protocols

<http://www.dem.ri.gov/programs/bnatres/agricult/pdf/rabiesprot2010.pdf>

RULES & REGULATIONS GOVERNING THE PREVENTION, CONTROL AND SUPPRESSION OF RABIES WITHIN THE STATE OF RHODE ISLAND

<http://www.dem.ri.gov/pubs/regs/regs/agric/rabies10.pdf>

RULES AND REGULATIONS GOVERNING THE IMPORTATION OF ANIMALS

For Licensed Releasing Agencies (Entities that import animals for adoption, foster, etc.):

<http://www.dem.ri.gov/pubs/regs/regs/agric/animimp15.pdf>

FISH AND WILDLIFE / R.I. FERRET REGULATIONS

[Ferret Regulations \(7/17/97\)](#)

RI GENERAL LAWS

State of Rhode Island General Laws / TITLE 4 - Animals and Animal Husbandry

<http://www.rilin.state.ri.us/Statutes/TITLE4/INDEX.HTM>

Relevant Chapters:

- [CHAPTER 4-1 Cruelty to Animals](#)
- [CHAPTER 4-4 Animal Diseases in General](#)
- [CHAPTER 4-11 Psittacine Birds](#)
- [CHAPTER 4-13 Dogs](#)
- [CHAPTER 4-13.1 Regulation of Vicious Dogs](#)
- [CHAPTER 4-19 Animal Care](#)
- [CHAPTER 4-22 Cat Identification Program](#)
- [CHAPTER 4-24 Permit Program for Cats](#)
- [CHAPTER 4-25 Pet Warranties – Dogs](#)

After application is reviewed and approved, Registrant will be provided instructions to be set up to have access to the online RI DEM Animal Shelter System (which replaced the Monthly Log form).

**NOTE: REGISTRATION expires December 31st of each year.
It is the responsibility of the licensee to renew annually. No reminder will be sent.**

Any change in the maximum number of animals, housing of animals, types of animals, configuration of facility, etc., will require an amendment that must be approved by Animal Health prior to the change being executed.

Please Note:

- * No annual fee required*
- * Use reverse side or additional paper to neatly list any additional information*
- * Complete form in its entirety (incomplete Applications will be returned until completed)*
- * Call DEM / Div. Of Agriculture /Animal Health Section with inquiries @ 401-222-2781 x4515*
- * Fax completed application to 401-222-6047 or*
- * Scan and email application to marisa.coates@dem.ri.gov or*
- * Sign, date and mail application to:*

**RI Department of Environmental Management
Division of Agriculture / Animal Health Section
235 Promenade St. / Rm. 370
Providence, RI 02908-5767**

Signature below indicates knowledge and understanding of laws, regulations and forms listed above. MANAGER/ DIRECTOR is responsible for employees, subregistrants and/ or volunteers being informed of and understanding laws, regulations and forms listed above.

Signature of Registrant Primary Contact: _____

Title: _____ **Date:** _____

Signature of Registrant MANAGER: _____

Title: _____ **Date:** _____

Signature of Registrant DIRECTOR: _____

Title: _____ **Date:** _____