

RENEWAL APPLICATION/ ANIMAL SHELTER 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: _____

Manager / Director: _____ Phone: _____

MAILING ADDRESS: (if different from facility location)

Is SHELTER affiliated with any RI or MA Municipal Animal Control?

If yes, please identify City(s) or Town(s) and Supervising Animal Control

Officer(s): _____

OWNER/APPLICANT INFORMATION:

Name: _____

Home Address: _____

Telephone: _____

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

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: _____

EMPLOYEES

Please list all current employees and/or volunteers

TYPES OF ANIMALS TO BE SHELTERED

	<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, Phone number and License 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 SHELTER have an emergency evacuation plan? _____ YES _____ NO

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

Is SHELTER equipped with a microchip scanner? _____ YES _____ NO

Will SHELTER "foster out" Animals? _____ YES _____ NO

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

PLEASE PROVIDE A DETAILED FLOOR PLAN OF YOUR SHELTER 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 | |
| Signature of Attending Veterinarian(s): | |

PRINT VETERINARIANS NAME: _____

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
- * 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: _____