



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

<b>DEM Use Only:</b>	
<b>Number:</b>	_____ / _____
<b>Approved By:</b>	_____
<b>Date:</b>	_____
<b>Online Reporting:</b>	_____

**REGISTRATION APPLICATION FOR ANIMAL RESCUE, SHELTER,  
 BROKER, OR REMOTE SALES** *(version 4 December 2017)*  
**Guidance & Instructions: Application for Rescues, Shelters, etc. (updated for 2018)**  
**APPLICANT INFORMATION:**

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

Name of REGISTRANT Primary contact: \_\_\_\_\_

Rescue/Shelter etc. Address (No P.O. Boxes): \_\_\_\_\_

Town / City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Mail Address (if different from above): \_\_\_\_\_

Town / City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**License type (Select ONE):**  **Category A**  **Category B**  **RI Dogs/Cats ONLY** *(Does NOT Import)*  
*As defined in Rule 8 of [Rules and Regulations Governing the Importation of Animals \(10/8/15\)](#)*

**Check which Licensed Releasing Agency** *(As defined in RI General Law 4-19):*

- RESCUE** "Animal rescue" or "rescue" means an entity, without a physical brick-and-mortar facility, that 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 intended for adoption.
- SHELTER** "Animal shelter" means a brick-and-mortar facility that is used to house or contain animals and that 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 SALE** "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.

## OPERATIONAL PLAN

### Rhode Island Point of Contact

Per Section 1.8 (D) (4) [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 responsible for maintaining and producing all records that the Department may lawfully request.**

**A copy of ALL required records must be kept by the designated Point of Contact.**

Rhode Island Point of Contact: \_\_\_\_\_

Address (No P. O. Boxes): \_\_\_\_\_

Town / City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**After Hours / Emergency Contact Name / Telephone:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Business Hours

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

Sun: \_\_\_\_\_ to \_\_\_\_\_ Mon: \_\_\_\_\_ to \_\_\_\_\_ Tue: \_\_\_\_\_ to \_\_\_\_\_ Wed: \_\_\_\_\_ to \_\_\_\_\_  
Thu: \_\_\_\_\_ to \_\_\_\_\_ Fri: \_\_\_\_\_ to \_\_\_\_\_ Sat: \_\_\_\_\_ to \_\_\_\_\_

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

**Indicate which of the following and provide supporting documentation:**

- Federal 501 (c) 3    Rhode Island Domestic Non-Profit    Other State Domestic Non-Profit  
 Supporting documentation attached demonstrating current status (within last filing year)

**Is Rescue/Shelter/Broker/etc. licensed/registered 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 contact information for Supervising Animal Control Officer(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SOURCE of Animals:**

*Use additional pages or lines on page SEVEN if necessary.*

**PROVIDE UPDATED INFORMATION IMMEDIATELY AS NEW SOURCES ARE ADDED**

**\*\*\*\*\*P.O. BOXES ARE NOT ACCEPTABLE\*\*\*\*\***

1) **Privately owned, relinquished animals\*** (Within RI) YES  NO

2) **Privately owned, relinquished animals\*** (NOT in RI) YES  NO

\*Enter COMPLETE Source information on Online Reporting System and [Rescue Animal Identification Record](#).

3) **Rhode Island Private Shelter / Entity:** YES  NO

Name of RI SHELTER (ENTITY): \_\_\_\_\_

Address: \_\_\_\_\_

Town / City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

4) **Rhode Island Pound / Municipal Animal Control Facility:** YES  NO

Name of RI Facility (ENTITY): \_\_\_\_\_

Address: \_\_\_\_\_

Town / City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name of SHELTER (ENTITY): \_\_\_\_\_

Address: \_\_\_\_\_

Town / City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

6) **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: \_\_\_\_\_

7) **Other:** \_\_\_\_\_ YES  NO

Name of Facility (ENTITY): \_\_\_\_\_

Address: \_\_\_\_\_

Town / City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**List all other EMPLOYEES and/or VOLUNTEERS in Rhode Island**

*(Use additional pages or lines on page SEVEN 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

**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 as new fosters are added.\*\*****

**List all current RHODE ISLAND FOSTERS**

*(Use additional pages or lines on page SEVEN as necessary and update as needed)*

Name	Address	Phone number

**CATEGORY A REGISTRANTS**

**PRE IMPORT PROCESSING PLAN (\*\*This MUST be submitted ANNUALLY\*\*)**

Per Section 1.8 (E) (1) (a) 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 or lines on page SEVEN if necessary)*

**Housing conditions:**

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**Isolation procedures (\*\*Location and Duration\*\*):**

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**WORK WITH YOUR VETERINARIAN(S) TO PROVIDE THIS INFORMATION:**

**Vaccination procedures:**

**Age-based Vaccine schedule: PROVIDE INFO FOR ALL AGES OF CANINES and/or FELINES**

**Puppies/Kittens:** \_\_\_\_\_

**Adult Dog/Cats:** \_\_\_\_\_

**Other:** \_\_\_\_\_

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

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**Vaccines Administered by:**

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**Health screenings:**

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**Disease testing/treatment/or preventive measures:**

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**CATEGORY A REGISTRANTS**

**USDA / RI LICENSED CARRIER(S):** (Use additional pages or lines on page SEVEN if necessary)

1) Name of CARRIER: \_\_\_\_\_

Address: \_\_\_\_\_

Town / City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

2) Name of CARRIER: \_\_\_\_\_

Address: \_\_\_\_\_

Town / City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**ALTERNATE TRANSPORT PLAN** (For those not intending to use USDA licensed transport)

Rescue’s RI Contact must maintain MANIFEST and provide upon request.

[Dog and Cat Importation Manifest](#) NOTE: This is a fillable PDF. All fields must be completed.

Vehicle Owner / Driver Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Registration (plate # and state): \_\_\_\_\_

Vehicle Make and Model: \_\_\_\_\_

NUMBER OF ANIMALS IN SHIPMENT: \_\_\_\_\_

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

Sanitation protocols for the conveyance: \_\_\_\_\_

**CATEGORY B REGISTRANTS:**

Mandatory Isolation Facility in Rhode Island (or other approved facility) where dogs/cats will be held for FIVE (5) Days (minimum of 120 Hours) and examined by a veterinarian before being placed with Foster or Adopter. DEM Animal Health Section must inspect and approve for Isolation prior to use. Must be maintained and constructed according to [Rules and Regulations Governing Animal Care Facilities \(6/20/16\)](#) (If using multiple Facilities, use additional pages)

Name of FACILITY: \_\_\_\_\_

Address: \_\_\_\_\_

Town / City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

- |  |  |
|--|--|
| 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 records | Medical treatment room(s) (if applicable)    |
| Cleaning Logs                                  | Waste receptacles (covered)                  |
| Indoor and outdoor runs or cages               | Drainage systems                             |
| Isolation or quarantine cages/runs/rooms       | Location of sprinklers or fire extinguishers |
| Refrigerator and/or freezer                    | Posted emergency evacuation plan or map      |
| Food storage                                   |  |

**Lines for ADDITIONAL INFORMATION**

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**NOTE: REGISTRATION expires December 31<sup>st</sup> of each year.**

**It is the responsibility of the licensee to renew annually. No reminder will be sent.**

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

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

**Signature below attests knowledge and understanding of the following laws and regulations:**

**Rhode Island General Laws:**

**-CHAPTER 4-1 Cruelty to Animals**

**<http://webserver.rilin.state.ri.us/Statutes/TITLE4/4-1/INDEX.HTM>**

**-CHAPTER 4-4 Animal Diseases in General**

**<http://webserver.rilin.state.ri.us/Statutes/TITLE4/4-4/INDEX.HTM>**

**-CHAPTER 4-19 Animal Care**

**<http://webserver.rilin.state.ri.us/Statutes/TITLE4/4-19/INDEX.HTM>**

**RHODE ISLAND REGULATIONS:**

[Rules and Regulations Governing Animal Care Facilities \(6/20/16\)](#)

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

[Rules and Regulations Governing the Prevention, Control and Suppression of Rabies Within the State of Rhode Island \(2/25/16\)](#)

See [Guidance & Instructions: Application for Rescues, Shelters, etc.](#) for additional Forms, Laws and Regulations that may apply.

**OPERATIONAL PLAN**

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. New Sources of Animals, Fosters or changes in staff must be reported immediately.

**Notification\*\* Requirement per Section 1.8 (D) (5)**

1.8 (D) General Requirements of all entities and carriers:

5. Must notify the Department of all expected shipments of dogs or cats being imported into the state as to the time and location of the arrival of the shipments. Notification must be received by the Department no less than 24 hours prior to arrival of the shipment.

\*\*Effective November 2017, the only acceptable format is the “Rescues Import Notification” Form.

\*\*Link to Form online and in Guidance Document:

- [Rescue Import Notification Form](#)

URL: [http://www.dem.ri.gov/programs/agriculture/documents/rescue\\_notification.pdf](http://www.dem.ri.gov/programs/agriculture/documents/rescue_notification.pdf)

**MANAGER/ DIRECTOR (or equivalent) is responsible for employees, sub-registrants and/ or volunteers being informed of and understanding laws, regulations listed above and can attest that to the best of their knowledge, no employee, volunteer or foster has ever been convicted of animal cruelty or mistreatment.**

**\*\*\*Sign and Date bottom of each page\*\*\***

Indicate Title(s) if different than those indicated.

Signature of **Registrant Primary Contact:** \_\_\_\_\_

PRINT Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of **Registrant MANAGER:** \_\_\_\_\_

PRINT Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of **Registrant DIRECTOR:** \_\_\_\_\_

PRINT Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_