



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

DEM Use Only:

Number: \_\_\_\_\_ / \_\_\_\_\_  
 Approved By: \_\_\_\_\_  
 Date: \_\_\_\_\_

**APPLICATION FOR DOG or CAT BREEDER LICENSE** (revised June 2018)

- NEW Application:** Attach written proof from local Municipal zoning office confirming local ordinance permits BREEDER License at intended location(s).
- RENEWAL Application:** If NO changes since last year's approval, fill out Page One in its entirety, sign and date ALL pages and submit with fee.

*NOTE: Incomplete Applications will be rejected and returned. Fillable PDF Form can be filled out and then printed and submitted via fax, postal mail, or scanned and emailed. Send Fee as indicated on Page five. Keep a copy for your records.*

**FACILITY INFORMATION:**

Name of Business / Kennel: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

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

Mail Address (if diff. from facility location): \_\_\_\_\_

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

Business Hours (If not open to public, indicate hours available for inspection\*):

Sun: \_\_\_\_\_ to \_\_\_\_\_ Mon: \_\_\_\_\_ to \_\_\_\_\_ Tues: \_\_\_\_\_ to \_\_\_\_\_

Wed: \_\_\_\_\_ to \_\_\_\_\_ Thu: \_\_\_\_\_ to \_\_\_\_\_ Fri: \_\_\_\_\_ to \_\_\_\_\_ Sat: \_\_\_\_\_ to \_\_\_\_\_

After Hours Telephone / Emergency Contact: \_\_\_\_\_

\*Facility complaints may require inspection outside of provided hours.

**OWNER / APPLICANT INFORMATION:**

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

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

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

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

Mail Address (if diff. from above): \_\_\_\_\_

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

## OPERATIONAL PLAN

DESCRIBE HOUSING SYSTEM(S) FOR ALL ANIMALS (Use additional pages as necessary)

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### EMPLOYEES

*List all current employees and/or volunteers. Use additional pages as necessary.*

NAME

TITLE

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### BREEDS OF DOGS / CATS TO BE BRED

<u>BREED</u>	<u>Number of FEMALES</u>	<u>Number of MALES</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

<u>Number of ANIMALS</u> (Capacity of Facility)	<u># PERMANENT CAGES</u> (Can be collapsible)	<u># OUTDOOR RUNS</u> (Exercise Area)
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ISOLATION ROOMS, RUNS OR CAGES: (List number and type, whelping, medical, etc.)

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### SOURCE(S)\* For ANIMALS SOLD:

NAME: \_\_\_\_\_ USDA LICENSE: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town / City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

- \* For animals acquired from both in-state **and** out-of-state dealers/brokers/individuals/etc.
- \* Use additional pages as necessary (or additional space on Page 3)
- \* Update as necessary

**ATTACH A DETAILED FLOOR PLAN\* OF BREEDER FACILITY**

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

- |  |  |
|--|--|
| Main Entrance  | Food storage                                 |
| Interior and exterior doors                                      | Medical treatment room(s) (if applicable)    |
| Front desk or reception area                                     | Windows and vents                            |
| <b>Location of RABIES Notification Logs</b>                      | Heating and/or cooling system                |
| <b>Location of Cleaning Logs</b>                                 | Waste receptacles (covered)                  |
| Indoor and outdoor runs or cages ( <b>including dimensions</b> ) | Drainage systems                             |
| Isolation or quarantine cages/runs/rooms                         | Location of sprinklers or fire extinguishers |
| Refrigerator and/or freezer ( <b>if any Meds</b> )               | Posted emergency evacuation plan or map      |

\*Can be hand-drawn on 8x11 (must be legible)

**ADDITIONAL INFORMATION**

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**RHODE ISLAND 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 4-13 Dogs](#)
- [CHAPTER 4-19 Animal Care](#)
- [CHAPTER 4-25 Pet Warranties – Dogs](#)

All DOG BREEDERS must post the following: [Pet Warranties -Dogs, RIGL §4-25-9 Notice](#)

URL: <http://www.dem.ri.gov/programs/agriculture/documents/dogsign.pdf>

**NOTE:** “Such notice shall be in one hundred (100) point type” (When printing, do not “Fit to page”).  
**You may need to take this to a printer to have printed the correct size.**

**Finished dimensions (border to border) approximately 30 1/8 inches Wide x 16 inches High**

## REGULATIONS

RI DEM Website- <http://www.dem.ri.gov/>

The State of Rhode Island Manual for Rabies Management and Protocols  
<http://www.dem.ri.gov/programs/agriculture/documents/rabiesprot.pdf>

RULES AND REGULATIONS GOVERNING ANIMAL CARE FACILITIES (NEW in 2015)  
[Rules and Regulations Governing Animal Care Facilities \(250-RICR-40-05-4\) 2/7/18](#)  
URL: <http://sos.ri.gov/documents/archives/regdocs/released/pdf/DEM/9165.pdf>

RULES & REGULATIONS GOVERNING THE PREVENTION, CONTROL AND SUPPRESSION  
OF RABIES WITHIN THE STATE OF RHODE ISLAND  
URL: <http://sos.ri.gov/documents/archives/regdocs/released/pdf/DEM/9639.pdf>

RULES AND REGULATIONS GOVERNING THE IMPORTATION OF ANIMALS  
URL: <http://sos.ri.gov/documents/archives/regdocs/released/pdf/DEM/9057.pdf>

## LOG FORMS

NOTICE TO NEW OWNERS OF RABIES VACCINATION “Rabies Log” per 4-13-31  
<http://www.dem.ri.gov/programs/agriculture/documents/rabieslog.pdf>

**Review above listed information as pertains to Dog Breeders.  
Download and print forms as needed.**

**NOTE: BREEDER Licenses expire June 30<sup>th</sup> of each year.  
It is the responsibility of the licensee to renew annually. No reminder will be sent.**

*Additionally:*

- \* *Use additional paper to list any additional employees, etc.*
- \* *Complete form in its entirety (**incomplete Applications will be returned until completed**)*
- \* *Include the \$100.00 fee, made payable to The State of Rhode Island*
- \* *Call DEM / Div. Of Agriculture /Animal Health Section with inquiries @ 401-222-2781 x4515 or submit questions to [marisa.coates@dem.ri.gov](mailto:marisa.coates@dem.ri.gov)*
- \* *Keep a copy of submitted application for your records*
- \* *Sign, date and return application to:*

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

**OPERATIONAL PLAN**

Any proposed change in the approved Operational Plan, including but not limited to the maximum number of animals, housing of animals, breeds of dogs /cats sold, source(s) of animals, and configuration of the facility will require submission of an amended Operational Plan that must be reviewed and approved by DEM/Animal Health prior to the change(s) being executed.

**BREEDER / FACILITY OWNER (or equivalent)** is responsible for employees and guardians being informed of and understanding the laws and regulations listed above and can attest that to the best of their knowledge, no employee has ever been convicted of animal cruelty or mistreatment.

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

Signature below indicates knowledge and understanding of the laws, regulations, forms and requirements listed above.

Indicate Title(s) if different than those indicated.

Signature of Owner/Applicant: \_\_\_\_\_

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

Signature of Co-Owner/Applicant: \_\_\_\_\_

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

Signature of Facility MANAGER: \_\_\_\_\_

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