



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

<u>DEM USE ONLY</u>	
Date Received:	_____
Entered:	_____
Reg. Numbers:	_____/_____
Approved By:	_____
Date Approved:	_____
Online Reporting:	_____

**REGISTRATION APPLICATION FOR ANIMAL RESCUE, SHELTER,
 BROKER, OR REMOTE SALES** (version 6 December 2020)

FAQs and Guidance & Instructions: Application for Rescues, Shelters, etc. (updated for 2020)

APPLICATION YEAR: _____ **Check one:** _____ **NEW** _____ **RENEWAL**

NEW Per part 4.9 K of the [Rules and Regulations Governing Animal Care Facilities \(250-RICR-40-05-4\)](#) applications submitted over 90 days past expiration must be completed as a NEW application, *not a Renewal*. NOTE: Incomplete / illegible 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.

APPLICANT INFORMATION:

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

Name of REGISTRANT Operator/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:** _____

License type (Select ONE): **Category A** **Category B** **RI Dogs/Cats ONLY** (Does NOT Import)
 (As defined in Part 1.5 of Rules and Regulations Governing the Importation of Domestic Animals (250-RICR-40-05-1))
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 Domestic Animals (250-RICR-40-05-1)* 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 Rhode Island Point of 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 AT&RS and [Rescue Animal Identification Record](#).

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

NOTE: RI Licensed Releasing Agencies (LRA's) are NOT listed as "Known Entities" in the online Animal Tracking & Reporting System. Movement between LRA's is recorded as a TRANSFER by the source LRA to the receiving LRA.

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 required)

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

Per Section 1.8 (E) (1) (a) of *Rules and Regulations Governing the Importation of Domestic Animals (250-RICR-40-05-1)*, "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:

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

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):

Vaccines Administered by:

Health screenings:

Disease testing/treatment/or preventive measures:

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)

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

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

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 (250-RICR-40-05-4)*(If using multiple Facilities, use additional pages)

Name of FACILITY: _____

Address: _____

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

Telephone: _____ Email: _____

RULES and REGULATIONS

-Can be found at the Rhode Island Secretary of State website using the Search feature:

-URL: <https://rules.sos.ri.gov/organizations>

-Rules and Regulations Governing the Importation of Domestic Animals (250-RICR-40-05-1)

-Rules and Regulations Governing the Prevention, Control, and Suppression of Rabies Within the State of Rhode Island (250-RICR-40-05-2)

-Rules and Regulations Governing Importation and Possession of Wild Animals (250-RICR-40-05-3)

-Rules and Regulations Governing Animal Care Facilities (250-RICR-40-05-4)

-Rules and Regulations Governing Reportable Animal Diseases and Conditions in the State of Rhode Island (250-RICR-40-05-11)

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. Updates to Sources, Fosters or changes in Staff must be reported immediately.

Notification Requirement per Section 1.8 (D) (5) of Rules and Regulations Governing the Importation of Domestic Animals (250-RICR-40-05-1)**

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:

Link: [Rescue Import Notification Form](#)

URL: 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 EVERY 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:** _____