



## Animal Rescue Entity (ARE) Licensing Exemption Affidavit

Legal Organization Name \_\_\_\_\_

Assumed ARE Name (DBA) \_\_\_\_\_

Registered Agent Name \_\_\_\_\_

ARE Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Email \_\_\_\_\_

Physical Address (if applicable) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Please select one:

- I would like to remain on the email group for future program updates and notices.
- Please remove our email(s) \_\_\_\_\_ from the ARE email group.
- I was never on the email group, please do not add me.
- Please add me to the email group.

I hereby certify that the information on this form is true and correct. I understand that by submitting this exemption affidavit I am reporting that the above organization is not required to obtain an Animal Rescue Entity license because \_\_\_\_\_.

I understand that I am required to meet the standards of care and record keeping requirements for the animals in our organization's custody pertaining to OAR 603-015-0085 through 603-015-0090. I also understand that submission of this form does not necessarily constitute an exemption and an inspection to determine if my organization is exempt may be necessary. I agree to notify the Oregon Department of Agriculture immediately should the statement above change and our organization meets the requirements to obtain an Animal Rescue Entity license.

Print Name

Title

Signature

Date (MM/DD/YYYY)

**RETURN THE COMPLETED FORM TO:**

Oregon Department of Agriculture  
Animal Health Program  
635 Capitol St NE Ste 100  
Salem, OR 97301-2532

animalrescue@oda.state.or.us

For office use only	
Date Received	Staff Initials