



Animal Rescue Entity (ARE) License Application

Please complete and sign this application before submitting to ODA, any incomplete forms may delay processing.

Legal Organization Name _____

Registered Agent Name _____

Mailing Address _____

City, State, Zip _____

Phone No. _____ Email _____

Assumed ARE Name (DBA) _____

Contact Name _____

Physical Address _____

City, State, Zip _____

Phone No. _____ Email _____

Type of Animal Rescue Entity (ORS 609.415)

- Animal Control Agency
- Humane Society/Shelter/Rescue
- Animal Sanctuary
- Other (specify) _____

Type of Animals (mark all that apply)

- Dog
- Cat
- Bird
- Fish
- Livestock (specify) _____
- Reptile/Amphibian
- Pocket Pet
- Other (specify) _____

Does your organization keep, house, or maintain animals at a facility location? Yes No

Does your organization utilize foster facilities? Yes No

Estimated maximum animal capacity (including foster facilities) _____

Current number of animals in ARE custody (including foster facilities) _____

Number of animals received in the last 12 months _____

Number of animals transferred or adopted out of ARE's ownership in the past 12 months _____

Unless a specific exception or exemption applies, a person convicted of violating an ORS Chapter 167 animal cruelty crime may not possess any animal of the same genus against which the crime was committed or any domestic animal for a period of five years (for a misdemeanor) or fifteen years (for a felony) following entry of the conviction. _____ *Please initial, indicating you have read and understand the statement above.*

Have any of the ARE’s board members, staff, or volunteers been convicted of an animal cruelty crime under ORS Chapter 167? If yes, list below their name, court case number, date of conviction, and the genus of the animal against which the crime was committed.

Yes No

I hereby certify that the information on this application and the requirements pertaining to this license are true and correct. I agree to comply with all laws and regulations pertaining to this license. I understand that acceptance and processing of this application does not constitute the issuance of an Animal Rescue Entity License and that licenses may be issued once recordkeeping and licensing requirements are met. I will notify the Oregon Department of Agriculture immediately should any information on this application change.

Print Name

Title

Signature

Date (MM/DD/YYYY)

An ODA representative will contact you upon receipt of the completed application to schedule your initial inspection. Reference OAR 603-015-0075 to 603-015-0110 for licensing requirements. No licensing fee is due at this time, a payment form will be issued after May 15, 2021 and a licensing fee of \$375 will be due by July 1, 2021 prior to issuance of a license. Animal Rescue Entity licenses issued do not constitute any land use approval required for operation of the facility at the property indicated on this application, contact your local land use authorities to confirm your compliance. An ARE must comply with all other state and county laws and regulations.

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	
Applicant #	License #
Date Received	Staff Initials