



ANIMAL RESCUE REGISTRATION

NEW REGISTRANT RENEWAL YOUR REGISTRATION NO. CB

Name of Animal Rescue to be registered:

TIN, as applicable: Is the entity a nonprofit registered with the IRS? Yes No

Type of Organization: Individual Partnership LLC Corporation Other (Specify)

Mailing Address:

City: State: Zip: County:
Phone: Cell: Fax:
Email: DOB of Registrant:

Date of Incorporation if Entity, State of Incorporation if Entity: /

HOLDING FACILITY INFORMATION

Holding Facility Address: (if different than mailing address where animal(s) will be held)

City: State: Zip: County:

NAME AND ADDRESS OF INDIVIDUALS PROVIDING FOSTER HOMES TO ANIMAL RESCUE

*If Renewal, only note those new Foster Homes added or removed since previous registration.

Last Name: First Name: MI
Address (Street Number, Street, City, State and Zip Code)

Last Name: First Name: MI
Address (Street Number, Street, City, State and Zip Code)

Last Name: First Name: MI
Address (Street Number, Street, City, State and Zip Code)

*Please use additional sheets if needed.

Has any registrant on this application ever been convicted of a felony, or any crime related to cruelty to animals, or prohibitions concerning companion animals?

Yes No

Veterinarian: Alternate Veterinarian:

Phone No: Phone No:

The foregoing statements concerning the registration of an animal rescue located in Ohio are, to the best of my knowledge and belief, true and correct, I (we) agree to keep records of annual registration for a period of twelve months showing proof of compliance with section 956.06 of the Ohio Revised Code, including the name and address of each person from whom I (we) utilize as a foster home. I (we) agree to permit the Ohio Department of Agriculture, or any of its authorized agents, to inspect my (our) records at any time.

Date Application Made:

Signature of the Registrant or one authorized to sign:

Printed Name:

