



Animal Rescue Registration

New Registrant Renewal Your Registration No. CB _____

Name of Animal Rescue to be registered: _____

Doing business as: _____

SSN or 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: _____

Holding Facility Address: _____ City: _____ State: _____ Zip: _____ County: _____

(if different than mailing address where animal(s) will be held)

Telephone No.: _____ Fax No.: _____ Cell Phone No. _____ Email: _____

Date of Birth of Registrant, and Date of Incorporation if Entity: _____ / _____

State of Incorporation if Entity: _____

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*

1. Last Name	First Name	Middle Initial
Address (Street Number, Street, City, State, and Zip Code)		
2. Last Name	First Name	Middle Initial
Address (Street Number, Street, City, State, and Zip Code)		
3. Last Name	First Name	Middle Initial
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) also 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: _____	Approved _____
Signature of the registrant or one authorized to sign _____	Registration No. _____
Printed Name _____	

Mall completed form to:
Ohio Department of Agriculture
Division of Animal Health - Commercial Dog Breeders Office
8995 East Main Street
Reynoldsburg, Ohio 43068

