



**Michigan Department of Agriculture & Rural Development**  
P.O. Box 30017, Lansing, MI 48909-8276 • 517- 284-5771  
Email: [animalshelters@michigan.gov](mailto:animalshelters@michigan.gov) • Fax: 517-241-4640

In accordance with Act 287, PA 1969 as amended

### Animal Shelter Registration Application

**no fee required**

<b>Type of Animal Shelter:</b> <input type="checkbox"/> Animal Control Shelter <input type="checkbox"/> Animal Protection Shelter	<b>Status:</b> <input type="checkbox"/> Initial Application <input type="checkbox"/> Animal Housing Modifications/Additions <input type="checkbox"/> Reapplication <input type="checkbox"/> Closure/Withdrawal; effective date: _____
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Animal Shelter Building Information				
Full Legal Name of the Shelter:				
Physical Address of the Shelter:				
City:	State: <b>MI</b>	County:	Zip code:	
Zoning Approval? <input type="checkbox"/> Yes, contact name: _____		Phone: _____		<input type="checkbox"/> No, none needed
Business Phone:	Business Fax:	Business Email:		
Mailing address if different from above, Street or P.O. Box:				
City:	State:	County:	Zip code:	

Business/Organization Information				
Ownership Type: <input type="checkbox"/> Municipality/Government <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Ownership* <input type="checkbox"/> L.L.C. <input type="checkbox"/> Partnership <input type="checkbox"/> Other: specify _____				
Full Legal Name of the Business/Organization:				
MI Corporate/LARA ID #:		Federal Tax ID (FEIN)#:		
Owner/President/CEO Name:		Title:		
Corporate Address if different from above:				
City:	State:	County:	Zip code:	
Business Phone:	Business Fax:	Business Email:		
Emergency Contact name:			Emergency Phone:	
Business website url:		*County assumed name/DBA expiration date:		
Required documents provided? <input type="checkbox"/> Shelter floor plan & site map (required for initial, reapplications, building modifications/additions) <input type="checkbox"/> Copy of assumed name/doing business as certificate				

Shelter Veterinarian(s) Information				
Primary Veterinarian:	MI Lic. #:	Email:		
Veterinary Hospital/Clinic Name: _____ <input type="checkbox"/> not applicable				
<i>Hospital/Clinic Address (if not applicable, then provide the Primary Veterinarian's Address, City, State, Zip Code, phone):</i>				
Address:	City:	State:	Zip Code:	Phone:
<i>Additional Veterinarians that the shelter may use:</i>				
Veterinarian:	MI Lic. #:	Email:		
Veterinarian:	MI Lic. #:	Email:		
By signing below I certify that the foregoing is true and accurate to the best of my knowledge and belief and that I will comply with the provisions of Act 287, PA 1969, as amended, and all the regulations promulgated thereunder. <i>Pursuant to R 285.151.12(2) An Animal Control Shelter Application must be signed by the chair of the board of commissioners, city manager or mayor, and an Animal Protection Shelter Application must be signed by the President or Owner of the organization.</i>				
Printed Name:				Title:
Signature:				Date: