AH-025 (rev. 2/26)

Michigan Department of Agriculture & Rural Development
P.O. BOX 30017, Lansing, MI 48909-8276
Phone: 517-284-5771 Fax: 517-241-1560
Email: animalshelters@michigan.gov

Animal Shelter Registration Application — no fee required

In Accordance with Act 287, PA 1969 as amended

Type of Animal Shelter: ☐ Animal Control Shelter ☐ Animal Protection Shelter
Status: (check one): ☐ Initial Application ☐ Reapplication ☐Animal Housing Modification/Additions ☐ Closure/Withdraw; effective date:

ANIMAL SHELTER BUILDING INFORMATION

Full Legal Name of the Shelter:
Physical Address of the Shelter:
City: State: MI County: Zip Code:
Business Phone: Business Fax: Business Email:
Mailing Address if different from above:
City: State: County: Zip Code:
Zoning Approval Contact: Email: Phone:

BUSINESS/ORGANIZATION INFORMATION

Ownership Type: ☐ Municipality/Government ☐ Corporation ☐ Sole Ownership* ☐ L.L.C ☐ Partnership ☐ 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:
Required documents provided?

- ☐ Shelter floor plan & site map (required for initial, reapplications, building modifications/additions)
- ☐ Zoning approval supporting documents
- ☐ Copy of County Assumed Name/Doing Business As Certificate (if applicable); Exp. Date:

SHELTER VETERINARIAN(S) INFORMATION:

Primary Veterinarian: Email:
Veterinary Hospital/Clinic Name: ☐ not applicable
City: State: Zip Code: Phone:

Additional Veterinarians that the shelter may use:

Veterinarian: Phone: Email:
Veterinarian: Phone: 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. 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.

Printed Name: Title:
Signature: Date: