



Arizona Department of Agriculture (ADA)
 Licensing and Registration Section
 1688 West Adams, Phoenix, Arizona 85007
 Phone: (602) 542-0965
 Fax: (602) 542-0466

For ADA/ESD Use Only	
License #	_____
Check #	_____
Check Date	_____
Check Amount	_____

Registry of Equine Rescue Facilities Application

Nonprofit Corporation _____

Facility Name (if different from Corporation name) _____

Facility's Physical Address _____

City _____ State _____ Zip Code _____

Facility's Contact Person Name _____ Telephone Number _____

Contact Person's Mailing Address (if different from Facility) _____

City _____ State _____ Zip Code _____

Documents required to accompany this application:

Letter from a licensed veterinarian that

- o Is dated within 15 days of the application;
- o Certifies that the facility is not inadequate with respect to any of the Arizona Equine Rescue Standards¹; and
- o Attaches a signed copy of the completed Arizona Equine Rescue Standards veterinary checklist. The checklist is available at <http://www.azda.gov/main/forms2.htm>.

Documents demonstrating the nonprofit corporation owning the facility has a current status of good standing in the state. Instructions for obtaining a certificate of good standing are found at <http://www.azcc.gov/divisions/corporations/certgoodstanding.asp>

A \$75.00 annual registration fee must also accompany this application.

*A nonprofit corporation with multiple facilities must submit a separate application package and fee for each facility/location where horses are kept.

Check ONE box below:

The Department should post the documents submitted on the Registry website.

The Department should link to the documents submitted, which are posted on the facility's website: _____

Return this application along with your fee to the address above. Please make check or money orders payable to the Arizona Department of Agriculture-ESD. Our goal is to process the application as timely as possible, normally this takes less than 14 days. Please do not send cash! Incomplete applications or applications with incorrect funds will be returned.

I hereby apply to have the facility named above listed on the Equine Rescue Facility Registry, pursuant to A.R.S. § 3-1350 and A.A.C. R3-2-708. By my signature below, I agree to conduct business according to the Arizona Equine Rescue Standards. The information contained in the application is true and accurate. I understand providing false information in the State of Arizona is a felony.

By (print or type) _____

Title _____ Date _____

Signature _____

¹ The Arizona Equine Rescue Standards means the American Association of Equine Practitioners Care Guidelines for Equine Rescue and Retirement Facilities, which is available on the Department's website at <http://www.azda.gov/main/forms2.htm>.