



Animal Rescue Entity (ARE) Licensing Cancellation

Legal ARE Name _____

Assumed ARE Name (DBA) _____

Contact Name _____

Mailing Address _____

City, State, Zip _____

Phone No. _____ Email _____

Physical Address (if applicable) _____

City, State, Zip _____

The above-mentioned ARE requests cancellation of their Animal Rescue Entity (ARE) license due to (select all that apply):

- Not keeping, housing, or maintaining 10 or more animals in its legal custody at any one time (including at any facility locations or foster locations).
- No longer soliciting or accepting donations of any kind.
- Ceasing operation. Date of dissolution: _____
- No longer operating with 10 or more animals within the state of Oregon.

I understand that by submitting this cancellation form I am reporting that the above organization/individual no longer meets the definition of an Animal Rescue Entity. I understand that submission of this form does not constitute an exemption and an inspection to determine if my organization is exempt may be necessary. I agree to notify the Oregon Department of Agriculture immediately should the statement(s) above change and our organization meets the requirements to obtain an Animal Rescue Entity license. I hereby certify that the information on this form is true and correct.

Print Name Title

Signature Date (MM/DD/YYYY)

RETURN THE COMPLETED FORM TO:

Oregon Department of Agriculture
Animal Health Program
635 Capitol St NE Ste 100
Salem, OR 97301-2532