



BOARD OF HEALTH
299 Bay Rd.
S. Hamilton, MA 01982

Tel: 978-626-5245

Chapter VIII.
Application For Permit for the Keeping of Animals

Name of Applicant:
(Full Name of person, firm or corporation making application):

Address of Applicant

Telephone Number & E-Mail address

List all animals for which the permit is requested and total due:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Due _____

Signature of Applicant _____ Date: _____

- Horses \$10.00/animal
- Livestock \$10.00/animal
- Ponies \$10.00/animal
- Swine \$10.00/animal
- Donkeys \$10.00/animal
- Mini Donkeys \$10.00/animal
- Goats \$10.00/animal
- Sheep \$10.00/animal
- Small Animals- \$5.00 flat fee for ANY amount of small animals or birds
- Rabbits, Poultry

Permits expire August 31, and must be renewed annually.

For Office Use: Permit #: _____

Date of Issue: _____