



TOWN OF YARMOUTH

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Board of
Health
-
Health
Division

APPLICATION FOR OPERATION - 2019 STABLE

PLEASE COMPLETE ALL QUESTIONS

E-MAIL _____

NAME _____ HOME TEL. NO. _____

STABLE ADDRESS _____

MAILING ADDRESS (IF DIFFERENT) _____

EMERGENCY CONTACT (NAME/PHONE #) _____

VETERINARIAN (NAME/PHONE #) _____

TOTAL NUMBER OF HORSES/PONIES _____ TOTAL NUMBER OF STALLS _____

PLEASE NOTE: PLEASE DO NOT INCREASE THE NUMBER OF ANIMALS WITHOUT PRIOR PERMISSION OF THE HEALTH DEPARTMENT.

PLEASE LIST EACH HORSE/PONY/DONKEY/COW SEPARATELY:

ANIMAL NAME (IF APPLICABLE)					
BREED					
YEAR ACQUIRED					
COLOR					
SEX					
DATE OF RABIES VACCINATION					
DATE OF EEE VACCINATION					
DATE OF OTHER VACCINATIONS					

TYPE OF STABLE/SHELTER _____ (WOOD, CONCRETE, ETC.) SIZE OF CORRAL AREA _____

NUMBER OF HOSE BIB WATER OUTLETS _____ DRAINS _____ WATER TROUGHS _____

TYPE OF STORAGE FACILITY USED FOR FEED/GRAIN _____

TYPE OF FACILITY USED FOR MANURE STORAGE _____

METHOD OF MANURE DISPOSAL _____ FREQUENCY _____

CORRAL/PEN AREA ENCLOSED BY WHAT TYPE OF FENCING? _____

OTHER FARM ANIMALS MAINTAINED AT PREMISES? YES _____ NO _____

(PLEASE NOTE: POULTRY, SWINE, SHEEP, CATTLE, GOATS REQUIRE SEPARATE LICENSURE.)

____ RENEWAL
____ NEW APPLICATION - **IF NEW APPLICATION, PLEASE ATTACH A COPY OF PLOT PLAN SHOWING LOT LINES AND LOCATION OF STABLE, PEN, ETC., AND ALL ENCLOSURES. ALSO, A WRITTEN LETTER OR STATEMENT, SIGNED BY ALL ABUTTERS TO PROPERTY.**

Town of Yarmouth taxes and liens must be paid prior to renewal or issuance of your permits.
Please check appropriately if paid: Yes _____ No _____

SIGNATURE _____ DATE _____

FEES: STABLE & 1 HORSE \$30.00 (+ \$5.00 each additional horse/animal) **TOTAL DUE: \$** _____