



TOWN OF YARMOUTH

1146 ROUTE 28, SOUTH YARMOUTH, MASSACHUSETTS 02664-24451
Telephone (508) 398-2231, ext. 1241
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Board of
Health
-
Health
Division

APPLICATION FOR OPERATION - 2019 SHEEP/GOATS

FEE: 1-8 animals \$30.00
9 or more animals \$35.00
____ Renewal
____ New Application

PLEASE COMPLETE ALL QUESTIONS

E-MAIL _____
NAME _____ HOME TEL. NO. _____
ADDRESS _____
MAILING ADDRESS (IF DIFFERENT) _____
EMERGENCY CONTACT (NAME/PHONE #) _____
VETERINARIAN (NAME/PHONE #) _____

TOTAL NUMBER OF ANIMALS _____

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

PLEASE LIST EACH SWINE/SHEEP/GOAT SEPARATELY:

ANIMAL NAME (IF APPLICABLE)					
BREED					
# YEARS OWNED					
COLOR					
SEX					
DATE OF RABIES VACCINATION					
DATE OF EEE VACCINATION					
DATE OF OTHER VACCINATIONS					

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

TYPE OF STORAGE FACILITY USED FOR FEED/GRAIN _____

TYPE OF FACILITY USED FOR MANURE STORAGE _____

METHOD OF DISPOSAL OF MANURE _____ HOW OFTEN _____

IS CORRAL/PEN AREA ENCLOSED BY FENCING? YES ___ NO ___ TYPE OF FENCING _____

OTHER FARM ANIMALS MAINTAINED AT PREMISES? YES ___ NO ___

(PLEASE NOTE: POULTRY, HORSES, PONIES, DONKIES REQUIRE SEPARATE LICENSURE.)

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 _____