



TOWN OF YARMOUTH

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Board of
Health
-
Health
Division

APPLICATION FOR OPERATION - 2023 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 _____ SIZE OF CORRAL AREA _____
(WOOD, CONCRETE, ETC.)

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: \$ _____