



TOWN OF MEDFIELD

Board of Health

TOWN HOUSE
459 MAIN STREET
MEDFIELD, MASSACHUSETTS 02052
Tel: 508-906-3006 Fax: 508-359-6182

APPLICATION FOR PERMIT TO KEEP ANIMALS

Applicant: _____

Address _____

Telephone: _____ Cell: _____

Email address: _____

In accordance with the provisions of the Rules and Regulations of the Medfield Board of Health dated 1976, the undersigned applies for a Permit to Keep Animals:

By signing below I am confirming that:

- a.) I have received, read and understand the animal regulations;
- b.) I understand that this permit expires June 30, 20____;
- c.) I understand that this permit is not transferable;
- d.) I understand that the Animal Control Officer and/or Board of Health Agent will follow up with an inspection; and
- e.) If applicable, proof of encephalitis vaccination is to be submitted for each horse listed on this application.

Applicant

Date

Please indicate # of animals to be listed on this permit:

____ Horse	____ Llama	____ Goat	____ Geese
____ Pony	____ Alpaca	____ Sheep	____ Ducks
____ Donkey	____ Emu	____ Chicken	____ Other (Pls contact office)

Fee Schedule:

Horse / Pony \$ 25.00 each

Are animals boarded at your property? Yes No

Are riding lessons given at your property? Yes No

If you answered yes to either question, please include \$170.00 commercial/riding fee.

Livestock \$ 20.00 per unit

For the purposes of licensing, the following shall be considered as a single unit:

Donkey	1	Emu	2	Chickens	10
Llama	1	Goat	2	Geese	3
Alpaca	2	Sheep	2	Ducks	5

Calculation of Permit Fee:

(Example: 4 sheep: 2 units x \$20.00 per unit = \$ 40.00 permit fee)

Subtotal:	\$	_____	
Commercial / Riding:	\$	_____	(if applicable)
TOTAL DUE	\$	_____	

The address to submit information is Town of Medfield – Board of Health, 459 Main St.,
Medfield, MA 02052

Questions? Please contact the office at 508-906-3006 or nbennotti@medfield.net