



# TOWN OF YARMOUTH

1146 ROUTE 28, SOUTH YARMOUTH, MASSACHUSETTS 02664-24451  
Telephone (508) 398-2231, ext. 1241  
Fax (508) 760-3472

Board of  
Health  
-  
Health  
Division

## APPLICATION FOR OPERATION - 2020 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: \$** \_\_\_\_\_