



Town of Ashland

M A S S A C H U S E T T S

Board of Health
101 Main Street
Ashland, MA 01721
Phone 508-881-0100, ext. 7922
Fax 508-881-0182

Equine /Animal Permit Application

Fee: Equine Permit \$38.00
Animal Permit: \$19.00

Date: _____

In accordance with the provisions of the statues relating thereto, application for a permit is hereby made by:

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Square Footage of the property: _____

To house and maintain _____ within the Town of
Ashland for the year _____. List animals here

Pursuant to M.G.L. Ch. 62 C, sec 49A, I certify under the penalties of perjury that I, to my knowledge and belief, have filed all State tax returns and paid all State and Local taxes.

Signature of Applicant

Emergency Disaster Plan

| | |
|---|--|
| Owner's Name | |
| Address | |
| Telephone Number | |
| Emergency telephone Number | |
| Veterinarian's Name | |
| Veterinarian's Telephone Number | |
| Veterinarian's Emergency Telephone Number | |

Type of Animals:

| |
|--|
| |
| |

Emergency Location Information

Location where the animals will be moved to in case of an emergency or a disaster at the property where animals are typically kept:

| | |
|-----------------------|--|
| Property Owner's Name | |
| Property Location | |
| Town, State, Zip Code | |
| Telephone # | |

The Animal Inspector/Board of Health needs to be notified immediately if there is any change in the Emergency Disaster plan

Owner's Signature

Date

Manure Removal Plan

| | |
|------------------------------------|--|
| Owner's Name | |
| Address | |
| Telephone Number | |
| Emergency Contact telephone Number | |

Describe in detail the manure removal plan and the odor control for your property.

The Animal Inspector/Board of Health needs to be notified immediately if there is any change in the manure removal plan.

Owner's Signature

Date