



Board of Health

Town Hall
101 Main Street
Ashland, MA 01721
Phone: 508-881-0100 x 7922
Fax: 508-881-0182
www.ashlandmass.com

Rajit Gupta, MPH, RS, CHO, CP-FS
Director of Public Health

Temporary Keeping of Animals Permit Application

Fee Amount: Temporary One-Day Permit: \$25.00 paid to Town of Ashland

Applicant Information:

Name of Applicant: _____

Address of Applicant: _____

City/Town: _____ State: _____ Zip Code: _____

Applicant Telephone # _____ Email: _____

Temporary Facility Information:

Location of the Temporary Facility: _____

Dates and Hours of Operation: _____

Species of Animals to be Kept: _____

Breed of Animals to be Kept: _____

Number of Animals to be Kept: _____

Name and address of each principal veterinarian for each animal: _____

REQUIRED DOCUMENTATION TO BE SUBMITTED WITH APPLICATION:

- A copy of all required animal immunizations
- Pest Management Plan used for the control of flies and vermin
- A site plan of the temporary facility including the following:
 - Enclosure size and area where the animals will be kept
 - Location of principal and accessory structures in the enclosure area
 - Location of confining fences and barriers
 - Location of manure containers
 - Location of feeding area
 - Location of water supply
 - Location of **hand wash station** and enclosed bathroom facilities
- List of all animals that will be present at event with current vaccines required/ recommended for species

Be advised an inspection of the temporary facility is required before the operations of the Temporary Facility. This inspection must be coordinated with the Health Department one week prior to the operation of the temporary facility.

Answer the following questions:

1. Describe the method of keeping the enclosure area clean, free of animal waste, rubbish, and garbage.

2. Describe method of keeping the enclosure area safe and escape-proof.

3. Describe method of management and disposal of all animal waste, fecal matter, manure, and soiled bedding, to minimize odors, and the attraction of vermin.

4. Describe how open food will be secured.

5. Describe method of sanitizing or disposing of feed bowls, and water bowls? What type of bacterial/anti-viral cleaning solution will be used?

I, _____, understand an inspection of the facility will be necessary to determine if it complies with the Ashland Keeping of Animals Regulation. I have read and understand the contents/requirements of the provisions of the Ashland Keeping of Animals Regulation. I hereby certify that the information submitted is correct, and I fully understand that any deviation from the information listed above without prior permission from the Ashland Health Department may nullify this approval.

Applicant's Signature

Date

HAND WASH DIAGRAM

1. A five-gallon or larger insulated container kept supplied with warm water for hand washing delivered through a continuous-flow spigot or sprout. (No push button spigots)
2. A container for waste water retention (i.e. 5-gallon bucket), which must be disposed of into an approved sewer or waste- water system once full.
3. Hand soap and paper towels (sanitizers DO NOT replace hand washing).

For additional information, please contact the Ashland Health Department at 508-881-0100 x 7922

