



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

Board of Health

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

Equine, Chicken & Animal Permit Application

Fee: Equine/Chicken/Animal Permit: \$30.00

Date: _____

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

Name of Property Owner: _____

Animal Owner (if different): _____

Address: _____

Telephone: _____

Email Address: _____

Square Footage of the property: _____

To house and maintain _____ within the Town of Ashland for the year 2023.

List animals / number of animals

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

Signature of Applicant

Emergency Disaster Plan

Animal Owner's Name:	
Animal Owner's Address:	
Animal Owner's Telephone Number:	
Emergency telephone Number:	
Veterinarian's Name:	
Veterinarian's Telephone Number:	
Veterinarian's Emergency Telephone Number:	

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:

Emergency Property Owner's Name:	
Emergency Property Location:	
Town, State, Zip Code:	
Telephone #	

Manure Removal Plan:

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

Describe your plan for animal food storage: _____

Describe your plan for management of pests such as rodents and insects: _____

Describe your plan for disposal if an animal dies: _____

The Animal Inspector/Board of Health needs to be notified immediately if there is any change to the Emergency Disaster plan and/or the Manure Removal Plan.

Owner's Signature **Date**