



**Town of Lexington**  
**Office of Community Development**  
Health Division  
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**Board of Health**

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**Animal Permit Application**

Date \_\_\_\_\_

Permit Fee: Large Animal, \$10.00 per species, max fee is \$50.00  
Small Animal, \$10.00 per species

Name of Applicant:	Phone:	
Address of Applicant:		
City:	State:	Zip
Email Address:		
Signature of Applicant:		

Name of Person responsible for Stable or Shelter Maintenance:
Address of Stable or Shelter for Animals:
For the Shelter / Stable, check all that apply: <input type="checkbox"/> Private use, <input type="checkbox"/> Lab Animals, <input type="checkbox"/> Training, <input type="checkbox"/> Boarding, <input type="checkbox"/> Rental, <input type="checkbox"/> Lessons, <input type="checkbox"/> Municipal Animal Shelter.

**NOTE:** All Animal Permits are subject to the conditions of Article VI, Animals. Article VI, §155-44 Definitions states in part that Large animals are considered to be Farm or Domestic Animals that weigh more than 20 pounds. Small animals are any animals less than 20 pounds. Small Animal Shelter is any building, enclosure, premises or portion thereof where more than five animals are kept. A Stable is any building enclosure, premises or portion thereof where animals of more than 20 pounds are kept. §155-45 Permits (3) states in part that “No Stable or small animal shelter for more than five animals, shall be occupied or used without first obtaining a permit from the Board of Health”.

**Answer the following questions to complete the permit application process:**

1. Specify the Type and number of Animals.

<i>Animal Type</i>	<i>Number of Animals</i>

2. Briefly describe the Pest control program for the Lab, Shelter or Stable.

3. Briefly describe waste management plan for rubbish, garbage and animal waste for the Lab, Shelter or Stable.

4. Briefly describe the cleaning schedule for the Lab, Shelter / Stable.

5. For Horses, check off all of the relevant tests or vaccinations that have been provided to the animal or animals:  Equines Coggins Test  Eastern Equine Encephalitis Vaccinated  Western Equine Vaccinated

6. Will hand washing sinks or hand sanitizer be available for staff or visitors to the shelter or stable?

**Office of Community Development, Health Division use only:**

PERMIT NUMBER \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ AMOUNT RECEIVED \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_