



# TOWN OF TEWKSBURY

HEALTH DEPARTMENT  
TOWN HALL  
1009 MAIN STREET  
TEWKSBURY, MASSACHUSETTS 01876  
(978) 640-4470  
Fax: (978) 640-4472  
health@teWKsbury-ma.gov

**One Time Registration**

**NO FEE**

## **REGISTRATION FOR THE KEEPING OF UP TO 12 HENS OR 2-4 RABBITS**

Property Address where hens/rabbits are to be kept: \_\_\_\_\_

**Registrant Information (owner of animals):**

Name and address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

List the *number of hens/rabbits* applied for at the location: \_\_\_\_\_

**If Registrant is not the Property Owner, the property owner must be a co-applicant on this registration:**

Name, address and phone number of ALL Owner(s) of the Property where the hens/rabbits are being kept:

\_\_\_\_\_  
\_\_\_\_\_

**\*Signature of property owner(s):**

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_

*\*By signing this registration, I acknowledge that I am considered a co-applicant on this registration.*

**\*\*Please note that a site visit will not be set up without the property owner's signature.\*\***

Please provide the following information:

Plot Plan

- Hand sketched plot plan in box below    OR     Attached Plot Plan (preferred)

Please ensure that the actual locations of, including but not limited to, any and all animal structures, pens, coops, fences, manure piles, feed storage are shown on the plot plan/sketched plot plan and must be located on the property as shown on the plot plan/sketched plot plan.

Please provide a written description on how you plan on handling the following:

Manure Management:

\_\_\_\_\_  
\_\_\_\_\_

Storage of Feed:

\_\_\_\_\_  
\_\_\_\_\_

Pest Management:

\_\_\_\_\_  
\_\_\_\_\_

By signing this registration, I agree to the Tewksbury Board of Health Minimum Standards for the Keeping of Animals regulations. I understand if complaints or violations are alleged against me, I will be required to appear before the Board of Health and the hens and rabbits may be required to be removed from the property.

Signature of Registrant: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Disposal Plan – I acknowledge that I am aware of the disposal plan Initials \_\_\_\_\_

Disposal plan can be found here: [https://www.tewksbury-ma.gov/sites/g/files/vyhlf1316/f/uploads/deceased\\_animal\\_disposal\\_plan.pdf](https://www.tewksbury-ma.gov/sites/g/files/vyhlf1316/f/uploads/deceased_animal_disposal_plan.pdf)

**OFFICE USE ONLY:**

DATE SITE INSPECTED: \_\_\_\_\_ NAME OF INSPECTOR(S): \_\_\_\_\_

REGISTRANT AND OWNER INFORMATION VERIFIED: YES / NO REGISTRANT PROVIDED WITH A COPY OF REGULATIONS: YES / NO

TYPE AND NUMBER OF HENS/RABBITS APPROVED BY DIRECTOR: \_\_\_\_\_

LOCATION OF COOP/CAGES APPROVED: \_\_\_\_\_

LOCATION FOR MANURE AND FEED APPROVED: \_\_\_\_\_

APPROVAL DATE: \_\_\_\_\_ SIGNATURE OF INSPECTOR: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME AND ADDRESS OF DIRECT ABUTTERS NOTIFIED BY REGULAR MAIL:**

NAME	ADDRESS	DATE NOTIFIED
_____	_____	_____
NAME	ADDRESS	DATE NOTIFIED
_____	_____	_____
NAME	ADDRESS	DATE NOTIFIED
_____	_____	_____
NAME	ADDRESS	DATE NOTIFIED
_____	_____	_____