



# TOWN OF CHARLTON

37 MAIN STREET  
CHARLTON, MA. 01507  
508-248-2210

## BOARD OF HEALTH

### FARM ANIMAL REGISTRATION

**NO FEE**

Date: \_\_\_\_\_

In Accordance with the provisions for the statutes relating thereto, application for a registration is hereby made by:

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

**EMERGENCY CONTACT #** \_\_\_\_\_

To House and maintain (list animals) within the Town of Charlton.  
Please list each animal and quantity:

	Type of Animal	Number of Animal(s)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

\_\_\_\_\_  
Signature of Owner