



TOWN OF WATERTOWN

Board of Health

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Larry Ramdin, MPH, REHS, CHO, CP-FS
Director of Public Health

TEMPORARY KEEPING OF ANIMALS PERMIT APPLICATION

Fee Amount: Temporary One Day \$ 25.00

Applicant Information:

Name of Applicant: _____

Address of Applicant: _____

City: _____ 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 1 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 keep 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 Watertown Keeping of Animals Regulation. I have read and understand the contents/requirements of the provisions of the Watertown 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 Health Department may nullify this approval.

X _____
Applicant's Signature

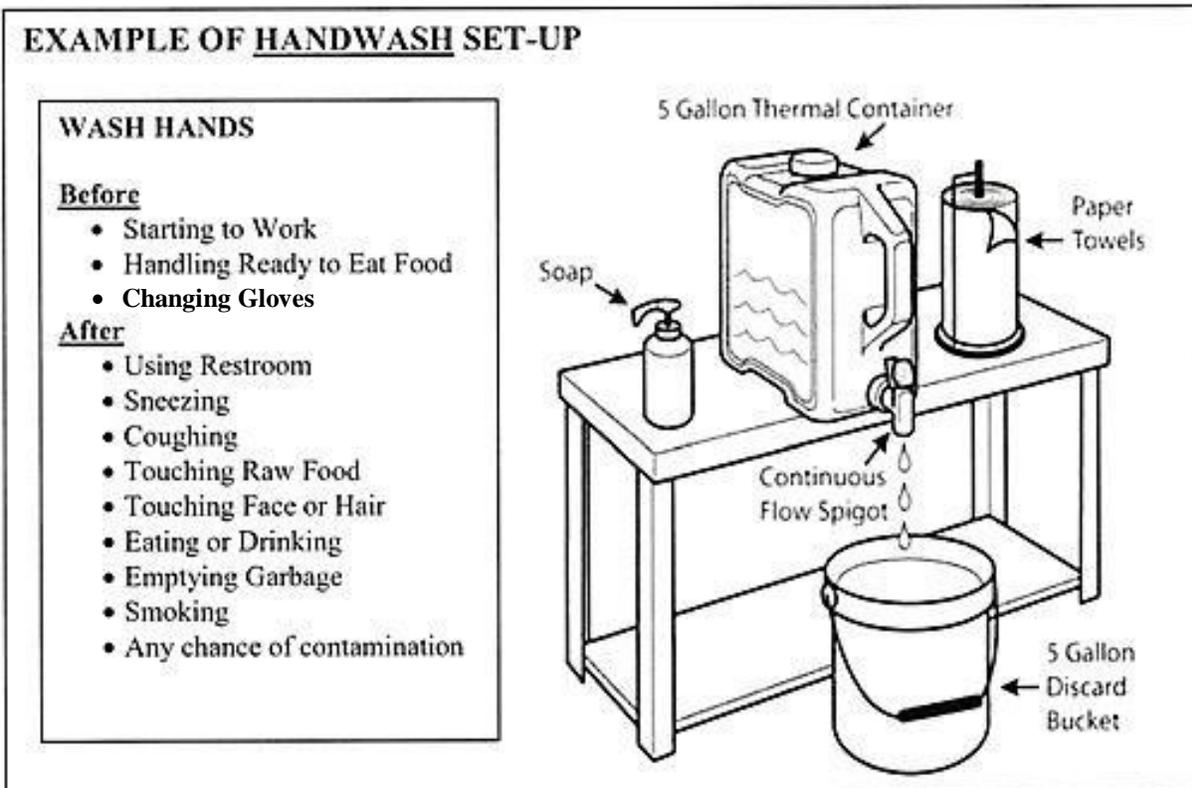
Date

WATERTOWN HEALTH DEPARTMENT

HAND WASH STATION DIAGRAM

Set-Up Required items:

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 wastewater system once full.
3. Hand soap and paper towels.



For additional information please contact the Health Department at 617-972-6446.