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MEMORIAL BUILDING  
150 Concord Street, Room 205  
Framingham, MA 01702

**Keeping of Animals Registration Form**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address where animals will be kept: \_\_\_\_\_ Framingham, MA 0170 \_\_\_\_\_

Do you own the property?  Yes  No – submit written approval from the property owner granting permission to keep animals.

Type of Animal(s):	Number of Animal(s):

Statement: I, \_\_\_\_\_ have read and understand the Regulation of the Framingham Board of Health "Minimum Standards for the Keeping of Animals". I understand the keeping of NOT MORE THAN six (6) Hens and / or Rabbits per parcel of land shall not require a permit, provided that:

- a. The Animals are registered with the Department;
- b. Written approval from the property Owner is granted if the property is rented; and
- c. There is continuous compliance with this regulation.
- d. The Department reserves the right to require a Permit if the keeper of not more than six (6) Hens and/or Rabbits has not been in compliance with this regulation, with more than three (3) verified violations in the previous twelve months.

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