



TOWN OF WESTPORT
WESTPORT, MASSACHUSETTS 02790

Tel: (508) 636-1015
Fax: (508) 636-1016
Health@Westport-MA.gov

OFFICE OF BOARD OF HEALTH
856 MAIN ROAD

ANIMAL SITE REGISTRATION FORM

This form will provide the Board of Health, Police and Fire Department information on the location, kinds and approximate number of livestock in town and how to contact the appropriate person in case of an emergency. Information will be kept confidential. Registration DOES NOT apply to household pets, wild/exotic animals or bees.

Please submit the completed and signed form to the Board of Health in person, by mail, email or fax at the address or fax number listed above. A copy of the regulation is available at the office or online at www.westport-ma.com/board-health.

☐ New OR ☐ Update for a previously registered location

If you have animals located at more than one location, please complete a separate form for each site.

PART 1 - INFORMATION ON ANIMAL LOCATION, SPECIES & NUMBERS		
Address where animal(s) are kept:		Name of farm (if applicable):
Types and approximate number (or range) at this location:		
<input type="checkbox"/> Cattle _____ <input type="checkbox"/> Pigs _____ <input type="checkbox"/> Equine _____ <input type="checkbox"/> Sheep _____ <input type="checkbox"/> Goats _____ <input type="checkbox"/> Rabbits _____		
<input type="checkbox"/> Chickens _____ <input type="checkbox"/> Other Fowl _____ <input type="checkbox"/> Other Livestock (type & approx. number/range): _____		

PART 2 - CONTACT INFORMATION		
Property owner's name:		
Home #:	Cell #:	Work #:
Email:		
Animal Owner's name & address, if different from property owner:		
Home #:	Cell #:	Work #:
Email:		
Name of emergency/backup contact:		
Home #:	Cell #:	Work #:
Email:		

I certify that the information in this registration form is true and accurate to the best of my knowledge and belief.

Print Name & Sign

Date

Thank you for your cooperation