

Permit Number: \_\_\_\_\_ Fee: \$10.00  
Paid on \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_



## Town of Fairhaven, Board of Health

40 Center Street, Fairhaven, MA 02719

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[BOH@Fairhaven-ma.gov](mailto:BOH@Fairhaven-ma.gov)



**Public Health**  
Prevent. Promote. Protect.

### APPLICATION FOR ANIMAL PERMIT

#### RENEWAL

See Regulations: Domestic Animals

Today's Date: \_\_\_\_\_

Applicant

Address

Phone Number & Email

*Please list the types of animal(s) renewing permit for and the number of each animal:*

Animal: _____	Number of said animal(s): _____
Animal: _____	Number of said animal(s): _____
Animal: _____	Number of said animal(s): _____
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Animal: _____	Number of said animal(s): _____
Animal: _____	Number of said animal(s): _____

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_