



**TOWN OF BROOKLINE
DEPARTMENT OF PUBLIC HEALTH**

Paid: _____
Check #: _____
Inspector _____
Approval: _____
Chief: _____

Division of Environmental Health
11 Pierce Street, Brookline, Massachusetts, 02445
Telephone: (617) 730-2300 Facsimile: (617) 730-2296
Website: www.brooklinema.gov/health

COMMERCIAL - PERMIT FOR KEEPING OF ANIMALS

DOGGIE DAY CARE FACILITIES

New: \$150 Renewal: \$75

Establishment: _____

Location: _____

Owner: _____ Address: _____

Owner's Telephone: _____ Establishment Telephone: _____

E-mail: _____

Number of animals (Dogs) to be kept: _____ Number of Animal Enclosures: _____

Square Footage of Establishment: _____ Square Footage per Dog: _____

Number of Staff on-site: _____

Will puppies be allowed: Y / N
(under 6 months)

Separate enclosure of puppies: Y / N

Will Animals be kept overnight: Y / N Supervision: _____

Participation in Green Dog Program: Y / N

Please include the following documents to complete the application:

- Building Department Approval _____
- Brookline Department of Public Health Requirements
 - o Floor plans / layout for animal enclosures _____
 - o Emergency disaster plan _____
 - o Permit Application Fee _____

- Intended Walking Routes / Animal Waste _____
- Zoning Board Approval _____
- Clerk Kennel License _____

Additional Requirements:

-Rabies vaccination records required for each dog (must be kept on premises)
(The health department strongly recommends the Bordetella vaccine)

-Mandatory reporting of biting incidents to the Brookline Department of Public Health (State form provided)

-You must contact this office within 14 days of opening for a pre-operation inspection

I, _____, have read and understand the contents and requirements of this application packet and agree to the provisions in the Brookline Keeping of Animals Requirements.

Date: _____