

**TOWN OF WAREHAM HEALTH DEPT.
BACK YARD/ SMALL FLOCK REGISTRATION**

EMAIL _____

ADDRESS: _____

FARM OR BUSINESS NAME _____

LAST NAME _____ FIRST NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Primary Phone Number _____

Additional Number _____

Purpose of flock: Auction ___ Contracted ___ Hobby ___ Live Bird Slaughter/Market ___
Own Consumption ___ Show/Competition ___ Other _____

POULTRY INFORMATION:

If birds are kept at a different address than listed above:

DOMESTIC POULTRY (Check all that apply, include the number of birds maintained during the last 12 months)

CHICKENS # _____

GAME BIRDS (pheasant, quail) # _____

RATITES (ostriches, emus) # _____

TURKEYS # _____

WATERFOUL (ducks, geese, swans) # _____

PIGEONS # _____ DOVES # _____

OTHER _____

EXOTIC BIRDS

Bird Type:

1. _____
2. _____
3. _____
4. _____

A pond is located on this property. Yes _____ No _____

A body of water is located near this property. Yes _____ No _____