



**TOWN OF BROOKLINE  
DEPARTMENT OF PUBLIC HEALTH**

Paid: \_\_\_\_\_  
Check #: \_\_\_\_\_  
Inspector \_\_\_\_\_  
Approval: \_\_\_\_\_  
Chief: \_\_\_\_\_

**11 Pierce Street, Brookline, Massachusetts, 02445**  
**Telephone: (617) 730-2300 Facsimile: (617) 730-2296**  
**Website: www.brooklinema.gov**

**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:**

- Floor plans / layout for animal enclosures \_\_\_\_\_
- Emergency disaster plan \_\_\_\_\_
- Zoning Board Approval \_\_\_\_\_
- Clerk Kennel License \_\_\_\_\_
- Building Department Approval \_\_\_\_\_
- Permit Application Fee \_\_\_\_\_
- Intended Walking Routes / Animal Waste \_\_\_\_\_

**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 Health Department (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: \_\_\_\_\_