The Commonwealth of Massachusetts DEPARTMENT OF AGRICULTURAL RESOURCES DIVISION OF ANIMAL HEALTH (Ówner's Name) (Address where animals are kept - street number and name) (555)333-8 Dealer: Yes Young 1. Cattle (Adult = 2 years & over) Dairy Beef Steers / Oxen 2. Goats (Adult = 1 year & over) 3. Sheep (Adult = 1 year & over) 4. Swine: Breeders Feeders 5. Llamas / Alpacas 6. Equines: Horses / Ponies Donkeys / Mules Stable use: Private___ Boarding___ Training___ Rental___ Turkeys_ 7. Poultry: Chickens____ Ratites (Ostrich, Emu)_____ Waterfowl_____ Gamebirds__ 8. Rabbits_____ 9. Other_ 10. Do animals listed appear to be free from contagious disease? 11. Are accommodations adequate with reference to situation, cleanliness, light, ventilation and water supply? (explain briefly) I hereby certify that I have this day inspected these animals and the conditions under which they are kept. Inspector of Animals (signature) Date Form 74