



THE COMMONWEALTH OF MASSACHUSETTS

ANIMAL CONTROL OFFICER ANIMAL INTAKE FORM

**Animal Control Officers shall
report on this form prior to
receiving compensation**

City or town of: _____ **Date:** _____
Intake type: Stray Owner Surrender(attach form) Other _____
Animal type: Dog Cat Other _____

1. To City or Town Treasurer, I report that I have caught, confined and disposed of an animal as set forth below:

Breed type (Specify) _____ Approx Age: _____ Sex: _____
Description _____ Date and Time caught: _____
Where Caught: _____ Tattoo/Microchip: _____ Tag#: _____
Scanner brand: _____ I confined this animal at: _____ for a period of _____

2. Returned to owner:

Owner contacted on (Date): _____ Contact Method: _____
Redeemed by owner on (Date): _____ Owner Name: _____
Owner Phone Number: _____ Owner Address: _____
Owner exhibited LICENSE NUMBER: _____ in the city or town of: _____
Owner Paid \$ _____ to _____ for care and custody @ \$ _____ per day for _____ days.

3. Animal was adopted/ transferred to:

Name: _____ Address: _____ Phone: _____
Purchaser secured a LICENSE NUMBER _____ in the city or town of: _____
On _____ and he/she paid an adoption fee of \$ _____ paid to _____

4. Rabies vaccination information: (Attach copy of rabies certificate to this form)

Rabies vaccination given by (Name of Veterinarian): _____
On (Date): _____ Rabies vaccination expires on (Date): _____

4. Euthanasia/ died in care/ other outcome:

Animal was euthanized on (Date): _____ using (Method of Euthanasia): _____
By (Veterinarian Name and Location): _____
Animal died in care on (Date and attach report) _____ Other outcome (Date and type) _____

5. Payment:

On account of this animal there is due to animal control for care and custody: _____ days @\$ _____ per day, \$ _____
Signed under the pains and penalties of perjury _____, Animal Control Officer

White Copy - Animal Control / Blue Copy— Dog Owner / Pink Copy - City/town Treasurer / Yellow Copy - City/Town Clerk

[illegible]



THE COMMONWEALTH OF MASSACHUSETTS

ANIMAL CONTROL OFFICER ANIMAL BITE REPORT

City or Town of: _____

1. Person reporting animal bite:

Name: _____ Address: _____ Phone: _____

2. Bite victim's information:

Name: _____ Address: _____ City: _____ State: _____

Victim's phone number: _____ Victim's age: _____ Victims DOB: _____

3. Bite information:

Date of bite: _____ Time of bite: _____

Address where bite occurred: _____

Describe how bite occurred: _____

Location of bite on victim: _____ Treatment information: _____

4. Animal information:

Type of animal: Dog ☐ Cat ☐ Other: _____

Was animal captured? Yes ☐ No ☐ If yes, where? _____

Animals name: _____ Breed: _____ Color: _____ Sex: _____

License #: _____ issued in the city or town of : _____ or unlicensed ☐

Current rabies vaccine: Yes ☐ No ☐ Date vaccinated: _____ 1 yr ☐ 3 yr ☐

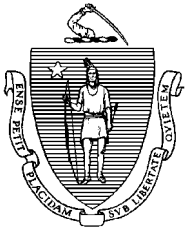
Animal owner: _____ Owner Address: _____ Phone: _____

Animal euthanized by: _____ on _____
(Veterinarian) (Date)

Sample submitted for rabies testing: Yes ☐ No ☐ Results: Positive ☐ Negative ☐ Unsatisfactory ☐

ACO signature: _____ Date: _____

White copy - Animal control / Yellow Copy - Animal Owner / Pink Copy - Board of Health



THE COMMONWEALTH OF MASSACHUSETTS

ANIMAL CONTROL OFFICER KENNEL INSPECTION REPORT

City or Town of: _____

Page 1 of _____

Kennel license number: _____

Inspection date: _____

1. Kennel information:

Kennel name: _____

Kennel owner: _____

Kennel address: _____

Kennel phone: _____

Number of dogs over 6 months old on premise: _____

Kennel veterinarian and address: _____

Number of dogs allowed for this license: _____

2. Licensing status:

Kennel license status: New ☐ Renewed ☒ Expired ☐ Unlicensed ☐

Kennel type: Commercial ☐ Doggie Daycare ☐ Personal ☐ Other _____

If kennel license has not been renewed, why not? _____

3. Housing:

Dog Housing Crates ☐ Kennel ☐ Free Range ☐ Other _____

4. Conditions:

- | | | |
|--|------------------------------|-----------------------------|
| A. Dogs are housed in a humane manner: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| B. Dogs are able to stand, lie down and turn around freely: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| C. Kennel is kept at an ambient temperature:
(between 55 and 85 degrees Fahrenheit) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| D. Kennel is maintained in a sanitary manner: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| E. The kennel has adequate lighting: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| F. Dogs have access to clean, fresh food and water: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| G. Dogs have adequate exercise space: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| H. Veterinary and other records available: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please explain any No answers on page 2.

5. Comments:

Approved ☐ Not approved ☐ Reinspect on or after: ☐ _____

ACOs name: _____ Report received by: _____

ACO's Signature: _____ Signature of Recipient: _____



Page_____ of _____

Kennel name: _____

[illegible]

ACO's Signature:_____



MASSACHUSETTS ANIMAL FUND ANIMAL CONTROL TRAINING INSTITUTE

Request for Continuing Education Credits

Attach course flyer and certificate of completion if available

OFFICER INFORMATION

Name: _____ Date Submitted: _____

Municipality/Municipalities _____

COURSE INFORMATION

Date of Course	Title of Course	Presenting Organization	Summary of Course Material	Duration in Hours
Total Number of CEUs Hours Requested				

CERTIFICATION

I certify that this ACO completed the course listed.

ACO Signature: _____

Supervisor/Organizer Name: _____ Signature: _____

Completed forms need to be sent to sheri.gustafson@mass.gov,
or Mass Animal Fund @ 251 Causeway Street Suite 500, Boston, MA 02114



MASSACHUSETTS ANIMAL FUND ANIMAL CONTROL TRAINING INSTITUTE
Request for Continuing Education Credits

Attach course flyer and certificate of completion if available

OFFICER INFORMATION

Name: _____

Municipality: _____

COURSE INFORMATION

Presentor: _____ Date of Course: _____

Title of Course: _____

Duration of Course in Classroom Hours: _____

Briefly describe something you learned during this course and how that knowledge will improve your work as an animal control officer:

CERTIFICATION

I certify that this ACO completed the course listed.

ACO Signature: _____

Supervisor/Organizer Name: _____ Signature: _____

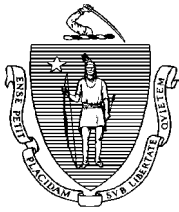
Completed forms need to be sent to sheri.gustafson@mass.gov,
or Mass Animal Fund @ 251 Causeway Street Suite 500, Boston, MA 02114

COMMONWEALTH OF MASSACHUSETTS ANIMAL CONTROL MONTHLY ACTIVITY REPORT

DATE: _____ OFFICER: _____ CITY/TOWN: _____ PG. __ of __

ON CALL STATUS HOURS	
REGULAR/OVERTIME HOURS	
BEGINNING MILEAGE	
ENDING MILEAGE	
TOTAL MILES DRIVEN	
GASOLINE	
CALLS ANSWERED	
CALLS COMPLETED	
CALLS ASSISTED ON	
CALLS FOLLOWED UP ON	
BITES	
ATTACKS HUMAN/ANIMAL	
DOG IMPOUNDS	
DOGS RETURNED TO OWNER	
DOGS ADOPTED	
DOGS PICKED UP DECEASED	
DOGS EUTHANIZED IN THE SHELTER	
DOGS EUTHANIZED IN THE FIELD	
CAT IMPOUNDS	
CATS RETURNED TO OWNER	
CATS ADOPTED	
CATS PICKED UP DECEASED	
CATS EUTHANIZED IN THE SHELTER	
CATS EUTHANIZED IN THE FIELD	
MISCELLANEOUS IMPOUNDS	
MISCELLANEOUS EUTHANIZED	
IMPOUND FEES	
ADOPTION FEES	
VACCINATION/MICROCHIP FEES	
MISCELLANEOUS FEES	

Notes:



COMMONWEALTH OF MASSACHUSETTS FELINE REPORTING FORM

Finder/Trapper Information

Name: _____ Phone: _____

Email: _____ Alternate Contact: _____

Address: _____ City: _____ State: _____

Is this the location cat is currently? Yes ☐ No ☐

If answered No above, please give holding location: _____

Feline Information

Date Found: _____ Method Secured: Trapped ☐ Other: _____

City Found: _____ State: _____

Cross Streets or Address: _____

Cat's Name: _____ Name on ID: ☐ Named by Finder: ☐

Breed: _____ Approx. Age: _____

Sex: _____ Intact? Yes ☐ No ☐ Unknown ☐

Description (coloring, unusual markings, scars etc.) _____

Fur: Short ☐ Medium ☐ Long ☐ Size: Small ☐ Medium ☐ Large ☐

Eye color: Blue ☐ Brown ☐ Green ☐ Gold ☐ Other: _____

Temperament: Social/ Friendly ☐ Shy/Skittish ☐ Aggressive ☐ Other _____

ID Tag: None ☐ Number _____ ID Type: Rabies ☐ Other _____

Collar: None ☐ Type/Color _____

Microchip: None ☐ Number _____

Tattoo: None ☐ What / Where _____ Ear Tip? Yes ☐ No ☐

Finder notes (health, possible owner etc.) _____

ACO Reporting Information

Municipality: _____ ACO Name: _____

Reporting Date: _____ Report Method: Phone ☐ Email ☐ Other _____

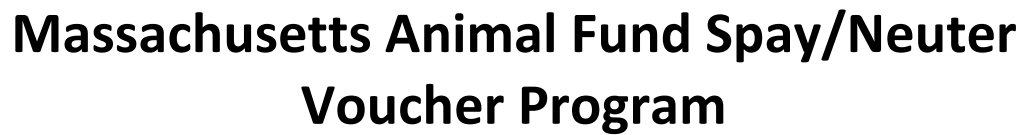
ACO Follow up Info

ACO Intake Yes ☐ No ☐ Date: _____

Possible Match: _____

Feline Outcome

Date: _____ RTF ☐ Transferred/Relocated to _____



Feral: to spay/neuter a homeless, un-owned, free-roaming, unsocialized cat.

Please note: requests directly from owners or public are not accepted.

Email: Kyle.Baron@mass.gov or Sheri.Gustafson@mass.gov

OFFICE USE ONLY				Staff:			
Approved: Y N		Number : 1 2 3 4 5			Date:		
Numbers:							

ACO/Provider Requester Name:	Priority? Yes or No
Requester Email:	Priority Reason:

Date requested: _____

of vouchers: _____



MASS ANIMAL FUND SPAY/NEUTER/VACCINATION ASSISTANCE REQUEST

*Completed applications must be submitted to local animal control officers or a veterinary provider.
Applications submitted directly by owners to Mass Animal Fund cannot be processed.

Owner Information		
NAME:		
ADDRESS:		
CITY:		ZIP:
PHONE:		
EMAIL:		
INCOME ELIGIBILITY	Do you receive public assistance? Y N	If yes, what programs?
If you are not receiving financial assistance please describe your financial need below.		
Owner Signature:		

Animal Information			
Name:		CAT	DOG
Breed:	Age:	Male	Female
Description:			
How long have you had this pet?		Any known health issues?	
Where did you get this pet?			
If from a rescue please list rescue name and location as well as the date the pet was adopted.			
When was your animal last seen by a vet?			
Do you have additional animals needing assistance? Please list.			
FOR ACO OR PROVIDERS ONLY: Email completed forms to Kyle.Baron@Mass.gov or Sheri.Gustafson@mass.gov			
MAF Approval Initials:		Entered on Waitlist:	Issued:

Date: _____

MASSACHUSETTS ANIMAL FUND VOUCHER REQUEST FOR OUTDOOR CATS

Municipality _____ Animal Control Officer _____

Contact Information (Feeder/ Trapper)

NAME:	
ADRESS:	
PHONE:	
EMAIL:	

Location of the cat colony(please give exact address or two nearest cross streets):

Cat Colony Information

Total number of cats:		Number of Cats already fixed:		Number of unfixed cats:	
Do you feed the cats? What is the location of where they are fed?		Do you need assistance trapping?			
Do you know of any health issues in the colony?					

- Please note if friendly cats are trapped and are being placed through private shelter/rescue adoption programs they are not eligible for Mass Animal Fund Vouchers.

Priority: Yes No Reason:

Approved:		Date Submitted:		Date Received :		Date Issued:	
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