

THE COMMONWEALTH OF MASSACHUSETTS ANIMAL CONTROL OFFICER ANIMAL INTAKE FORM

Animal Control Officers shall report on this form prior to receiving compensation TOWN/CITY of Intake # Date:
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:
DescriptionDate and Time caught:
Where Caught:Tattoo/Microchip found?Microchip #:
Scanner brand: I confined this animal at: for a period of
2. Owner Information: Unknown Redeemed (RTO) Surrendered Other DateDate
Owner contacted on (Date(s)):Contact Method(s);
Owner Name: Claimed by Name/ Relation (if different)
Owner Phone Number:Owner Address:
Owner exhibited LICENSE NUMBER:in the city or town of:
Owner Paid \$tofor care and custody @ \$per day fordays.
3. Other Animal Disposition: Adopted Transferred Returned to Field Date
Name: Address/ Location:
Phone Animal LICENSE NUMBER in the city or town of:
Onand 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):
5. Euthanasia/ died in care/ other outcome: DOA Euthanasia Died in Care Other Date
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 Type
Alimiai died in care on (Date and attach report)
6. Payment:
For this animal the following was paid for custody and fees: \$tofor
Signed under the pains and penalties of perjury, Animal Control Officer