

MASSACHUSETTS ANIMAL FUND ANIMAL CONTROL OFFICER TRAINING INSTITUTE
CORE COMPETENCIES COURSE REGISTRATION 2022Date_____Date______Date______

Municipality ____

(Virtual Attendees Only) Email/handle used to log into ZOOM

SECTION A: CONTACT INFORMATION

YOUR INFOR	RMATION for public database	YOUR SUPERVISOR'S INFORMATION			
Name:	_	Name:			
Job Title:		Job Title:			
Work Address:		Work Address:			
Work Phone:		Work Phone:			
Other Phone:	*Indicate if private	Other Phone:			
Work Email:		Work Email:			

SECTION B: CARE	ER & ED	UCATI	DN		
For how many years have you been employed as an ACO?					
Are you also employed as a municipal Animal Inspector?					
Have you taken a comprehensive ACO training course at some point in your career? Circle as many as apply to you.	ACOAM	NAC	A NE	ACHA	NONE
Have you had any police or law enforcement training?					
Have you taken other continuing education courses pertaining to your duties as ACO at some point in your career?					
How long ago did you last take an educational	<6 mo.	6 mo. –	2 – 3	4 – 5	6 - 7
course pertaining to your duties as ACO? Circle one.		1 yr.	yrs.	yrs.	yrs.
	8 – 9	10 – 11	12 – 13	14 – 15	16+ yrs.
	yrs.	yrs.	yrs.	yrs.	

SECTION C: DEPARTMENTAL INFORMATION

Under which department do you work? (i.e. Police				
Department, Board of Health, etc.)				
How many ACOs are employed by your				
municipality?				
What is your department's annual budget for animal control? Is this number actual or estimated?			А	CTUAL
			E	STIMATE
Optional: How much do you earn as an ACO for your municipality?	HOURLY			OURLY
			А	NNUALLY
Please circle to which equipment you have access	MUNICIPAL VEHICLE	CATCH POLE	WORK GLOVES	ANIMAL CARRIERS
as an ACO in your municipality.	ANIMAL TRAPS	LEASHES	MUZZLES	BITE STICK
	FIREARM	CHEMICAL WEAPON	NET	COMPUTER/ INTERNET
	CELL PHONE	ROPE	CITATION BOOK	MICROCHIP SCANNER
Does your department own/run a municipal animal s	shelter?	YES	NO	

Does your department own/run a municipal animal shelter? YES

If no, where is the mandatory 7-day hold for dogs conducted?

If no, which with which registered shelter(s) or rescue(s) do you partner to adopt out dogs after the 7-

day hold, or cats that your municipality chooses to handle?

If yes, fill out Section D.

SECTION D: MUNICIPAL SHELTERING FACILITY						
How many animals can your shelter hold at one time?	<10	10-20	21-30	31-50	51- 100	101+
Approximately how many of each type of animal did your shelter take in in 2021?	DOGS:		CATS:		OTHER:	
Does your shelter have an adoption program?						
If yes, approximately how many animals did you adopt out in 2021?			CATS:		OTHER:	
If yes, do are the animals spayed/neutered prior to adoption?						
How is your sheltering facility funded?	MUNICIPAL BUDGET		"FRIENDS OF"/FUNDRAISING		OTHER:	

SECTION E: MASSACHUSETTS ANIMAL FUND VOUCHER PROGRAM						
Has your municipality requested vouchers from the Spay/Neuter Voucher Program?	YES, I HAVE	YES, ANOTHER ACO HAS	NO			
Do you need information about the program?						