T HE C O M M O N W E A L T H OF M A S S A C H U S E T T S

ANIMAL CONTROL OFFICER ANIMAL INTAKE FORM

)

|  |
| --- |
| **Animal Control Officers shall****report on this form prior to****receiving compensation****City or Town:** «City\_or\_town\_of» **Date:** «Date» **Intake Type**: Stray«Stray» Owner Surrender «Owner\_Surrender» Other «Other» «Other\_Type»**Animal Type:** Dog «Dog» Cat «Cat» Other «Other\_A» «Other\_Animal» **Animal Name** «Animal\_Name» |
| **1. To City or Town Treasurer, I report that I have caught, confined and disposed of an animal as set forth below:** |
|

|  |  |  |
| --- | --- | --- |
| Breed Type: «Breed\_type\_Specify» | Approx. Age: «Approx\_Age» | Sex: «Sex» |
| Description: «Description» | Date and Time Caught: «Date\_and\_Time\_caught» |
| Where Caught: «Where\_Caught» | Tatto/Microchip Found? «TattooMicrochip» | Microchip Number: «Tag» |
| Scanner Brand: «Scanner\_brand» | I confined this animal at: «I\_confined\_this\_animal\_at» | for a period of: «for\_a\_period\_of» |

 |
| **2. Returned to owner:** |
|

|  |  |
| --- | --- |
| Owner contacted on (Date): «Owner\_Contacted\_Date» | Contact Method: «Owner\_Contact\_Method» |
| Redeemed by owner (Date): «Redeemed\_by\_Owner\_Date» | Owner Name: «Owner\_Name» |
| Owner Phone Number: «Owner\_Phone\_Number» | Owner Address: «Owner\_Address» |
| Owner exhibited License #: «Animal\_License\_Number» | In the city or town of: «in\_the\_city\_or\_town\_of» |
| Owner Paid: «Owner\_Paid\_Amount» | To: «Paid\_to\_what\_organization» | For care and custody @:$ «Amount\_per\_day» | Per day for: «Amount\_per\_day» | «Number\_of\_days» days |

 |
| **3. Animal was adopted/ transferred to:** |
|

|  |  |  |
| --- | --- | --- |
| Name: «AdopterTransfer\_Name» | Address: «AT\_Address» | Phone: «AT\_Phone» |
| Purchaser secured a License Number of: «New\_license\_number» | In the city or town of: «Licenced\_in\_which\_citytown» |
| On «Adoptedtransfer\_date» | and they paid an adoption fee of $ «Adoptiontransfer\_fee» | paid to: «Adoptiontransfer\_fee\_paid\_to» |

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

|  |
| --- |
| Rabies vaccination given by (Name of Veterinarian): «Rabies\_vaccination\_given\_by\_Name\_of\_Vete» |
| On (Date): «Vaccinated\_on\_date» | Rabies vaccination expires on (Date): «Rabies\_vaccination\_expires\_on\_Date» |

 |
| **5. Euthanasia/ died in care/ other outcome:** |
|

|  |  |
| --- | --- |
| Animal was euthanized on (Date): «Euthanized\_date» | using (Method of Euthanasia): «Method\_of\_Euthanasia\_used» |
| By (Veterinarian Name and Location): «Euthanasia\_performed\_by\_veterinarian\_nam» |
| Animal died in care on (Date and attach report): «Animal\_died\_in\_care\_on\_Date» | Other outcome (Date and type): «Other\_outcome\_Date\_and\_type» |

 |
| **6. Payment:** |
|

|  |
| --- |
| For this animal the following was paid for custody and fees:$ «Amount\_Paid» to «Paid\_to» for «Paid\_for» |
| Signed under the pains and penalties of perjury «Signed\_under\_the\_pains\_and\_penalties\_of\_» | Animal Control Officer |

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