Massachusetts Animal Fund
Vaccine Voucher Request Form
(for Municipal Partners only)

Municipal Partners should use this form to request vaccine vouchers from the Mass Animal Fund in the following cases:

ACO: to vaccinate a homeless dog or cat held at a municipal animal control facility that has already been spayed/ neutered

Feral: to vaccinate a homeless, un-owned, free-roaming, unsocialized cat that has already been spayed/neutered and will be returned to field (RTF)

Note: This is only for Rabies and DHPP/FVRCP Vaccines

Requester Information

This section should reflect the information of the animal control officer requesting the vouchers. Please use a separate line for each voucher requested on this form up to 5. Do not write owner information in this section.

Upon completion, submit this form by email or fax to:

Email: sheri.gustafson@mass.gov Fax: 617-626-1733

Requester Information	
Animal Control Officer Information	**Date of Request:**
Name	**Email**
Address	**Phone**
Town: **Zip:**	**Municipality**

Voucher Information

Number of Vouchers Requested ◯1 ◯2 ◯3 ◯4 ◯5

	Type		Animal		# of Vaccines		Which Vaccine?		Animal Info	
	ACO	Feral	Cat	Dog	1	2	Rabies	DHPP/ FRVCP	Animal Name	Animal Will Be:
1	☐	☐	☐	☐	☐	☐	☐	☐		☐ RTO ☐ Placed for Adoption ☐ Transferred: Transfer Location
2	☐	☐	☐	☐	☐	☐	☐	☐		☐ RTO ☐ Placed for Adoption ☐ Transferred: Transfer Location
3	☐	☐	☐	☐	☐	☐	☐	☐		☐ RTO ☐ Placed for Adoption ☐ Transferred: Transfer Location
4	☐	☐	☐	☐	☐	☐	☐	☐		☐ RTO ☐ Placed for Adoption ☐ Transferred: Transfer Location
5	☐	☐	☐	☐	☐	☐	☐	☐		☐ RTO ☐ Placed for Adoption ☐ Transferred: Transfer Location

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

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