THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



Department of Agricultural Resources

100 Cambridge Street, 9th Floor, Boston, MA 02114 www.mass.gov/agr



Maura T. Healey GOVERNOR Kimberley Driscoll LIEUTENANT GOVERNOR Rebecca L. Tepper SECRETARY Ashley E. Randle COMMISSIONER

December 31, 2024

Dear Animal Control Supervisor,

In accordance with Massachusetts General Law, Chapter 140, Section 151, the mayor of each city and the board of selectmen of each town shall annually designate an animal control officer ("ACO"), who may be a police officer or constable. The mayor or board of selectmen shall immediately submit to the commissioner of the Massachusetts Department of Agricultural Resources ("Department") the names, addresses and dates of hire of such animal control officer(s).

The Department is required under MGL Chapter 140, section 151A to inspect the facilities that municipalities use to hold stray dogs and other animals that come into the possession of the ACO. Municipal animal holding locations must be reported to the Massachusetts Department of Agricultural Resources.

Below you will find prepopulated information from our current ACO database. To confirm, add, or to make changes to your ACO designations please visit <u>Municipal Animal Control Officer Designation 2025 | Mass.gov</u> Please note, if you prefer this email can be printed out and updated forms can be uploaded into the portal above, or emailed to <u>sheri.gustafson@mass.gov</u>

Please submit designation confirmation and any needed changes no later than February 1, 2025.

Should an ACO leave his or her position mid-year, please notify the Department immediately. Any of the required information pertaining to any new hire employed during the year should be submitted on a new designation form immediately upon their hiring.

If you have any questions, please contact sheri.gustafson@mass.gov

Sincerely,

Michael Cahill, Director Division of Animal Health, MA Dept. of Agricultural Resources





Municipality:

| ACO Supervisor Information | | | | | | | | | | |
|--|-------------|---------------------------------------|-----------------------------------|------|--|-------|-----------------------------|--|--|---------------------|
| ACO Supervisor Title and Name | | | | | ACO Supervisor Address | | | | | |
| ACO Supervisor Phone | | | | ACO | ACO Supervisor Email | | | | | |
| ACO Superviso | or Signatur | e | | Date | | | | | | |
| Animal Holding Information | | | | | | | | | | |
| Type of Holding Facility (municipal, private, shared regional) | | | | | Do you have a municipal ado program? (Yes/No) | ption | | | | |
| Holding Facility Name | | | | | Types of Animals Housed (dogs, cats, other) | | | | | |
| Holding Facility Address | | | | | | | | | | |
| Animal Control Officer Information | | | | | | | | | | |
| Number of ACOs | | | General ACO Ema (if available) | | | nail | | | | |
| ACO Mailing Address | | | | | | | ACO Main Phone Number | | | |
| | | | 1 | | | 1 | | | | |
| ACO status Please write Current, Remove, or Add | ACO Na | ame and Title ACO Emergency Number | | | hone | | | | | ACO Date of Hire |
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