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**MASSACHUSETTS ANIMAL FUND ANIMAL CONTROL OFFICER TRAINING INSTITUTE**

**CORE COMPETENCIES COURSE REGISTRATION 2021 Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Municipality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION A: CONTACT INFORMATION** | | | |
| **YOUR INFORMATION 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: |  |

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| **SECTION B: CAREER & EDUCATION** | | | | | | | | |
| 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 | | NACA | | NEACHA | | 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 course pertaining to your duties as ACO? Circle one. | <6 mo. | 6 mo. – 1 yr. | | 2 – 3 yrs. | | 4 – 5 yrs. | | 6 – 7 yrs. |
| 8 – 9 yrs. | 10 – 11 yrs. | | 12 – 13 yrs. | | 14 – 15 yrs. | | 16+ yrs. |

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| **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? | ACTUAL  ESTIMATE | | | |
| When was the last time your Animal Control bylaws were updated? |  | | | |
| Please circle to which equipment you have access as an ACO in your municipality. | MUNICIPAL VEHICLE | CATCH POLE | WORK GLOVES | ANIMAL CARRIERS |
| 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 shelter? YES NO

**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?

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**If yes**, fill out Section D.

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| **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 2020? | DOGS: | | CATS: | | OTHER: | |
| Does your shelter have an adoption program? |  | | | | | |
| If yes, approximately how many animals did you adopt out in 2020? | DOGS: | | 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: | |

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| ***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? |  | | |