



PARTICIPATING MUNICIPAL PARTNERSHIP APPLICATION COVER SHEET

Date:	Contact Name and Title:
Municipality(Legal Name):	
Address:	
Email:	
Phone:	
Primary Animal Control Officer:	
Municipal Holding Facility:	
Holding Facility Address:	

Tax Identification Number-EIN (required for COMMBUYS)_____

Note: All legal contractor/business names must match the business Tax ID number associated with the legal name being referenced.

Commonwealth Vendor Code Number: VC_____

If you do not already have one or unsure, leave blank.

PLEASE MAKE SURE YOUR APPLICATION PACKET INCLUDES THE FOLLOWING:

This cover sheet

Veterinarian Contact Form for each veterinarian you use for spay/neuter services

***Completed application should be uploaded into COMMBUYS and emailed to Sheri.Gustafson@mass.gov**

PARTICIPATING MUNICIPAL APPLICATION

Veterinarian Contact

(A separate form should be filled out for each veterinary hospital utilized.)

Municipality applying:	
Veterinarian Practice:	
Address:	
Email:	
Phone:	

Please enter veterinary info below:	
Veterinarian Name:	License Number:
Veterinarian Name:	License Number:
Veterinarian Name:	License Number:
Veterinarian Name:	License Number:

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