

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public
TIME	2:42 AM/PM	CUSTODY DATE	3/28/19	ID. Case/No.	22251			
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other			
	X					why DATS clipped as a baby		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
[REDACTED]				moved to apartment + can no longer keep it.				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Bird	Parakeet	yellow face green body	F	1 1/2	H			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY. LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)				
N	N	N	N	none det				
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE						3/28/19		
DISPOSITION OF ANIMAL						DATE		
Return to Owner	Adopted	Euthanized	Died in Custody	Transferred to Virginia releasing agency (name)	Transferred to Out-of-State agency (name)	Other		
						1-2321		

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, VA 23218.

Name: [REDACTED] Date: 3/28/19
Address: [REDACTED] Telephone: [REDACTED]

Characteristics: Good with children _____ Lived Inside/Outside _____ Housebroken _____
Disposition _____ Health _____ Gets along well with other pet _____
Has the animal bitten or scratched a person or animal within the past 10 days? no
Did you try to release this animal to another shelter? no Why didn't they accept the animal? _____

STATEMENTS OF SURRENDER

I do not own the above described animal and I relinquish custody to the Danville Area Humane Society.

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6548, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal.

Signature [REDACTED]

TIME	2:08 AM PM	CUSTODY DATE	3-1-2020		LD. Case/No.	24569
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	✓					
OWNER'S NAME (if known)					ADDITIONAL INFORMATION	
[Redacted]					Can no longer take care Co-Resident	
Telephone: [Redacted]						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Bird	Parakeet	Green				
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)	
			NONE		NONE	
CUSTODY RECORD PREPARED BY					DATE	
[Signature: K.A.]					3-1-2020	
DISPOSITION OF ANIMAL					DATE	
Return to Owner	Adopted	Euthanized	Died in Custody	Transferred to Virginia releasing agency (name)	Transferred to Out-of-State agency (name)	Other
						1-19-24

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and shall be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed form. Questions regarding this form may be directed to the Office of the State Veterinarian.

Name: [Redacted] Telephone: [Redacted]

Address: [Redacted]

Characteristics: Good with children ☒ Lived Inside/Outside Housebroken ☒
 Disposition ☒ Health ☒ Gets along well with other pets ☒
 Has the animal bitten or scratched a person or animal within the past 10 days? NO
 Did you try to release this animal to another shelter? NO Why didn't they accept the animal? _____

STATEMENTS OF SURRENDER

I do not own the above-described animal and I relinquish custody to the Danville Area Humane Society.

Signature: [Redacted]

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

Signature: [Redacted]

TIME	12 ³⁰ AM/PM	CUSTODY DATE	12-21-23	I.D. Case/No.	35648
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[REDACTED]				She Can't Keep No Longer Jojo	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Shep X	Blonde	M	3mos.	
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	NONE Detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Anne Janner-Sic</i>					12-21-23
DISPOSITION OF ANIMAL					DATE
Euth					12-29-24

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children yes Lived Inside/Outside Lived Inside Housebroken yes Uses poops

Disposition Health Gets along well with other pets yes

Did you contact another shelter about this animal? NO Why did they decline to accept? _____

Has the animal bitten or scratched a person or animal within the past 10 days? NO

STATEMENTS OF SURRENDER

I do not own the above described animal and I relinquish custody to the Danville Area Humane Society.

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal.

Signature _____

TIME	945 AM/PM	CUSTODY DATE	12-23-23	I.D. Case/No.	35660 35661	Public	35662
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS	
	X						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Pitt X	black/brown w/white patch	3M	8 wks	2#		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
NONE	NONE	NONE	NONE	NONE			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE						12-23-23	
DISPOSITION OF ANIMAL						DATE	
Euth						12-24	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, VA 23218.

Name: _____ Date: _____

Address: _____ Telephone: _____

Characteristics: Good with children yes Lived Inside/Outside no Housebroken no
 Disposition good Health good Gets along well with other pets yes
 Did you contact another shelter about this animal? no Why did they decline to accept? _____
 Has the animal bitten or scratched a person or animal within the past 10 days? no

STATEMENTS OF SURRENDER

I do not own the above described animal and I relinquish custody to the Danville Area Humane Society.

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

X Signature _____

TIME	AM/PM	CUSTODY DATE		12-23-23		I.D. Case/No.	35665 35666 35667 35668 35669 35670
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[REDACTED]				[REDACTED]			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	heeler		♂ 4F 1-m				
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
NONE	NONE	NONE	NONE	NONE detected			
CUSTODY RECORD PREPARED BY:						DATE	
SIGNATURE & TITLE [Signature]						12-23-23	
DISPOSITION OF ANIMAL						DATE	
Euth						3-24	

This form may be used by animal control officers, custodians of any pound or shelter, researchers, investigators to record and maintain the information required by the Code of Virginia, § 15.2-100, and must be made available for public inspection upon request. It shall be submitted annually to the State Veterinarian in the prescribed form. (804) 786-2483, P.O. Box 1182

society, or humane society, and for at least five years, and must be made available for public inspection upon request. It shall be submitted annually to the State Veterinarian in the prescribed form. Office of the State

Name _____

Address _____

Characteristics: Good with child
Disposition _____ Health _____
Did you contact another shelter about this animal? _____
Has the animal bitten or scratched anyone? _____

Mama - 1yr - blk & white - 20# - F
2 tan & white - F - 5wks - 2#
1 - tri color - F - 5wks - 2#
1 - blk & white - F - 5wks - 2#
1 - blk & white - M - 5wks - 2#

I do not intend to keep this animal.

X Signature [Signature]

- I am the rightful owner of the above-described animal. No other person has a right of possession. I authorize the animal to be euthanized or disposed of in accordance with the law, if possible, the Danville Area Humane Society, or other humane society, and for at least five years, and must be made available for public inspection upon request. It shall be submitted annually to the State Veterinarian in the prescribed form. Office of the State
- I acknowledge that I will be required to pay the costs of the above-described animal back.

Signature _____

TIME	11:25 AM/PM	CUSTODY DATE	12-30-23	I.D. Case/No.	35697
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
X					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
200 Block of epos st.			PD TOOK TO AME injured		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	pit	gray/white	F	3 yrs	60
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	?	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Linda Cottrell</i>					12-30-23
DISPOSITION OF ANIMAL					DATE
Euth					1-7-24

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, VA 23218.

Name _____ Date _____
 Address _____ Telephone _____
 Characteristics: Good with children _____ Lived Inside/Outside _____ Housebroken _____
 Disposition _____ Health _____ Gets along well with other pets _____
 Did you contact another shelter about this animal? _____ Why did they decline to accept? _____
 Has the animal bitten or scratched a person or animal within the past 10 days? _____

STATEMENTS OF SURRENDER

I do not own the above described animal and I relinquish custody to the Danville Area Humane Society.

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

Signature _____

TIME	7:15 AM	CUSTODY DATE	12-30-23	I.D. Case No.	35706 35708 35707 35709
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Wardman				Wormeal	
Telephone:				County: 5	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pit x	buff	4m 2-F	8wks	2#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	NONE	
CUSTODY RECORD PREPARED BY:				DATE	
SIGNATURE & TITLE				12-30-23	
DISPOSITION OF ANIMAL				DATE	
Euth				1-5-24	

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Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children _____ Lived Inside/Outside _____ Housebroken _____

Disposition _____ Health _____ Gets along well with other pets _____

Did you contact another shelter about this animal? yes Why did they decline to accept? to small

Has the animal bitten or scratched a person or animal within the past 10 days? _____

STATEMENTS OF SURRENDER

I do not own the above described animal and I relinquish custody to the Danville Area Humane Society.

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

Signature _____

TIME	500 AM/PM		CUSTODY DATE		FEB 27-27		ID. Case No.	37694
REASON FOR CUSTODY (mark appropriate box)							LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shed		
	<input checked="" type="checkbox"/>							
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION			
					No room for him Chemp			
Telephone:								
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
10	P-tt	Gx 1 wh	M	5y/3	48 lb	~		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)				
None	None	None	Black	None				
CUSTODY RECORD PREPARED BY							DATE	
SIGNATURE & TITLE <i>AY [Signature]</i>							7-24-24	
DISPOSITION OF ANIMAL							DATE	
Euth.							7-26-24	

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Name: [Redacted] Date: 7-24-24

Address: [Redacted]

Characteristics: Good with children _____ Lived Inside/Outside _____ Housebroken _____

Disposition _____ Health _____ Gets along well with other pets _____

Did you contact another shelter about this animal? _____ Why did they decline to accept? _____

Has the animal bitten or scratched a person or animal within the past 10 days? _____

STATEMENTS OF SURRENDER

I do not own the above described animal and I relinquish custody to the Danville Area Humane Society.

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-8548, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

Signature *[Signature]*