

TIME	11 38 AM/PM	CUSTODY DATE	6-1-24	ID. Case/No.	37008
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	
Telephone: UNKNOWN				2 Broken legs - DDD Fastmout West main	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Grey	M	10WKS	1#
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 Ann Farmer-Soc					6-1-24
DISPOSITION OF ANIMAL					DATE
3CC AH					6-1-24

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 CPK K. G. Smith P.D.

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	1:30 AM/PM	CUSTODY DATE	6-1-24	I.D. Case/No.	371010
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[REDACTED]				They can't come further No longer	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pitbull	BRN white	M	2yr	60#
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	
CUSTODY RECORD PREPARED BY					
SIGNATURE & TITLE				DATE	
Ann Janner - Sec				6-1-24	
DISPOSITION OF ANIMAL				DATE	
Euth				6-1-24	

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Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

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

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 3. 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	222 AM/PM	CUSTODY DATE	6-1-24	I.D. Case/No.	37011
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[REDACTED]				Found on 29 North (G... N.C.) Running At Large	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Lab	TAN	F	1yr	45#
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	[REDACTED]	
CUSTODY RECORD PREPARED BY					
SIGNATURE & TITLE Anna Juma-Sec					DATE 6-1-24
DISPOSITION OF ANIMAL					DATE
Ethel					6-11-24

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) 786-2463, P.O. Box 1163, Richmond, VA 23218.

Name: [REDACTED] Date: 6-1-24

Address: [REDACTED] Telephone: [REDACTED]

Characteristics: Good with children  
Disposition: [REDACTED]  
Did you contact another shelter? [REDACTED]  
Has the animal bitten or scratched anyone? [REDACTED]  
Housebroken: [REDACTED]  
well with other pets: [REDACTED]  
decline to accept? [REDACTED]  
yes? [REDACTED]

I do not own the above described animal.

Signature: [REDACTED]

...ville Area Humane Society

- I am the rightful owner. No other person has authorized or dispossessed me, and I am allowing them to be acknowledged that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

...er all property rights in such animal. the animal may be immediately returned to the owner. When adopted animals for 24 hours before... in all cases, and I also...

Signature: [REDACTED]

TIME	AM/PM	CUSTODY DATE	6-2-24	LB. Case/No.	37012
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		
Telephone:			1st intake was here but made one		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	J. Russell	Black Tan	F	1yr.	20#
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 Det.	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				8-8-24	
DISPOSITION OF ANIMAL				DATE	
Adopted				8 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? \_\_\_\_\_ 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 3.2-8546, 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	11:20 AM	CUSTODY DATE	6/2/24	I.D. Case/No.	37012 37013 37014 37015 37016 37017 37018 37019 37020
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	<input checked="" type="checkbox"/>				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone:				- owner in hospice, couldn't take care of them	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
(9) canine	Jack Russell x				15/20 lbs
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	multi colored	none detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Robert P. A.</i>				6/2/24	
DISPOSITION OF ANIMAL				DATE	
T. Euth - ECC				7-3-24	

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Name: [Redacted] Date: 6/2/24  
 Address: [Redacted]  
 Characteristics: Good with children yes Lived Inside/Outside Boys R - ?  
 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? no  
 Has the animal bitten or scratched a person or animal within the past 10 days? no

STATEMENTS OF SURRENDER

I do not own the [Redacted] and I surrender 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.

Signature: [Redacted]

11:20 AM PM

CUSTODY  
DATE

6/2/24

ID. Case No. 37012 37013 37014 37015 37016 37017 37018 37019 37020

## REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE  
CUSTODY WAS TAKEN

Stray

Owner  
Surrender

Seized

Bite Case

Transfer from  
other  
locality/facility

Other

Shelter

OWNER'S NAME &amp; ADDRESS (if known)

ADDITIONAL INFORMATION

Telephone:

- owner in hospice, couldn't  
take care of them

## ANIMAL DESCRIPTION

SPECIES

BREED

COLOR/MARKINGS

SEX

APPROX  
AGEAPPROX  
WEIGHT

OTHER

(9) Canine

Jack Russell x

15/20 lbs

## ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")

CITY/COUNTY  
LICENSE NUMBERRABIES TAG  
NUMBER

TATTOO

COLLAR  
(Color, type, etc.)

OTHER IDENTIFICATION (specify)

none

none

none

multi colored

none detected

## CUSTODY RECORD PREPARED BY

SIGNATURE &amp; TITLE

Ruben P.A.

DATE

6/2/24

## DISPOSITION OF ANIMAL

DATE

Adopted

7-12-24

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Name

Date

6/2/24

Address

Character  
Disposition  
Did you or  
Has the animal

I do not or

Signature

Signature

(2) Black &amp; tan F 1 yr

- tri F 2 yrs (collar)

(2) tri M 1 yr

tan M 2 yrs

light brown M 2 yrs (collar)

brown/whit M 2 yrs

brown/whit M 1 yr

TIME 11:20 AM CUSTODY DATE 6/2/24 ID. Case No. 37012 37013

REASON FOR CUSTODY (mark appropriate box)

Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	<input checked="" type="checkbox"/>				

OWNER'S NAME & ADDRESS (if known)

37015  
37016  
37017  
37018  
37019

SHELTER

ADDITIONAL INFORMATION 37019

- owner in hospice, couldn't take care of them

Telephone:

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
CANINE	Jack russel x					

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	multi-colored	none detected

CUSTODY RECORD PREPARED BY: Ruben Pate

SIGNATURE & TITLE: Ethel X

DATE: 6/2/24

DISPOSITION OF ANIMAL: DATE: 6-4/24

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.

Name: [REDACTED]

Address: [REDACTED]

Character: [REDACTED]

Did you or Has the animal

1 yr	2 yrs	2 yrs (cont)	1 yr	2 yrs	2 yrs	1 yr

I do not or

Signature

TIME	8:30 AM	CUSTODY DATE	6-2-24	LD. Case/No.	37021
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]				Vaccinated 2-20-24 Capitol 52	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Seline	DSH	orange tabby	M	8 wks	1 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)	
NONE	NONE	NONE	NONE	NONE detected	
CUSTODY RECORD PREPARED BY					
SIGNATURE & TITLE				DATE	
[Signature]				6-2-24	
DISPOSITION OF ANIMAL					
[Signature]				DATE	
				6-3-24	

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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? \_\_\_\_\_ 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 4. 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	8:30 AM/PM	CUSTODY DATE	6-2-24	I.D. Case/No.	37022
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Unknown					
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Dusky	Blk & gray	F	6 mos	25 #
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					
SIGNATURE & TITLE				6-2-24	
DISPOSITION OF ANIMAL					
Ethen				6-2-24	

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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? \_\_\_\_\_ 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 said 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		CUSTODY DATE		I.D. Case No.	
8:52 AM PM		10/3/24		7023	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	1				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
*see below				"Bob"	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
K9	Shep mix	gray/blk	M	1yr	40 lbs
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NO	NO	NO	NO	NO	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					6/3/24
DISPOSITION OF ANIMAL					DATE
DOR					6/3/24

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Name: [Redacted] Date: 6/3/24  
Address: [Redacted] Telephone: [Redacted]

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

### 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	1:30	AM/PM	CUSTODY DATE	6-3-24	I.D. Case/No.	37024
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	37028
	X					DAHS 3'
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]				TO many to keep more to Mothu-Beauty (4 Babes)		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
5X Feline	DLH2 DSH3		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)		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>Ann Turner Sec</i>					6-3-24	
DISPOSITION OF ANIMAL					DATE	
Ethen					6-3-24	

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.

Name \_\_\_\_\_

Address \_\_\_\_\_

Character \_\_\_\_\_

Disposition \_\_\_\_\_

Did you \_\_\_\_\_

Has the \_\_\_\_\_

I do not \_\_\_\_\_

Signature \_\_\_\_\_

animal.  
city  
When

above-described animal back.

Signature

*Bonnie Day*

Antisville

TIME	1 30 AM/PM	CUSTODY DATE	6-3-24	I.D. Case No.	37024	37024
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	37024
	X					DAHS 37024
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]				TO many to keep more to bring Mother-Beauty (4 Babies)		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
5X Feline	DLH2 DSH3	Blk-White	m	10w5	1#	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 Det		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE Ann Turner Sec					6-3-24	
DISPOSITION OF ANIMAL					DATE	
Adopted					7-2-24	

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) 786-2493, P.O. Box 1163, Richmond, VA 23218.

Name \_\_\_\_\_

Address \_\_\_\_\_

Character \_\_\_\_\_

Disposition \_\_\_\_\_

Did you \_\_\_\_\_

Has the \_\_\_\_\_

I do not \_\_\_\_\_

Signature \_\_\_\_\_

animal.

When

above-described animal back.

Signature Bonnie Day



TIME	1:30	AM/PM	CUSTODY DATE	6-3-24	I.D. Case/No.	37024	37026
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	370328	
	X					DAHS 37025	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[REDACTED]				TO many to keep more to Mother-Beauty (4 Babies)			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
5X Feline	DLH2 DS43	Blk-White	m	10wks	1#	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 De			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>Ann Turner Sec</i>						6-3-24	
DISPOSITION OF ANIMAL						DATE	
TRF						8-20-24	

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 6-3-24

Address \_\_\_\_\_

Character \_\_\_\_\_

Disposition \_\_\_\_\_

Did you \_\_\_\_\_

Has the \_\_\_\_\_

I do not \_\_\_\_\_

Signal \_\_\_\_\_

Signature *Bonnie Davis*

animal.  
tely  
When  
re

ant the

*Wusville*

DATE

6-3-24

LD. Case No.

37024

**REASON FOR CUSTODY (mark appropriate box)**

Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				

LOCATION

37024

CUSTODY WAS TAKEN

37024

DAHS

37024

OWNER'S NAME & ADDRESS (if known)

[REDACTED]

ADDITIONAL INFORMATION

TO many to keep more to mother Beauty (4 Babies)

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
5X Feline	DLH2 DSH3	Blk-White	m	10wks	1#	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 Def

CUSTODY RECORD PREPARED BY

None Def

SIGNATURE & TITLE

Carp Turner Sec

DISPOSITION OF ANIMAL

Adopted

DATE

6-3-24

DATE

8-6-24

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 \_\_\_\_\_  
Address \_\_\_\_\_  
Characteristics: Good with children \_\_\_\_\_  
Disposition \_\_\_\_\_  
Did you contact another shelter about this animal? Yes  
Has the animal bitten or scratched a person or animal within the past 10 days? NO

Date 6-3-24  
Telephone \_\_\_\_\_  
Lived Inside/Outside Inside Housebroken NO  
Gets along well with other pets Yes  
Why did they decline to accept? SPC - Martinsville

### 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	1 50 AM/PM	CUSTODY DATE	6-3-24	I.D. Case/No.	37029
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	
Telephone: UNKNOWN				Roaming on 29 North Blaine VA	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pit	Tan-white	M	2 yr	60 lb
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	
CUSTODY RECORD PREPARED BY					
SIGNATURE & TITLE				DATE	
Ann Turner Sr				6/3/24	
DISPOSITION OF ANIMAL				DATE	
Ethen				6/3/24	

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 to the public upon request. Questions regarding this form may be directed to the Department of Animal Services, 1000 North 10th Street, Richmond, VA 23218.

Address: [REDACTED] Telephone: [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? 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 surrender 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 4. 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	205 AMPM	DATE	6-3-24		I.D. Case/No.	37030
<b>REASON FOR CUSTODY (mark appropriate box)</b>					<b>LOCATION WHERE CUSTODY WAS TAKEN</b>	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
					DAHS	
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>				<b>ADDITIONAL INFORMATION</b>		
Telephone: <u>Unknown</u>				Found by Fast mail		
<b>ANIMAL DESCRIPTION</b>						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	gray tabby	M	12 wks	10#	None
<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")</b>						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None Det		
<b>CUSTODY RECORD PREPARED BY</b>					<b>DATE</b>	
SIGNATURE & TITLE <u>Ann Turner - Sec</u>					6-3-24	
<b>DISPOSITION OF ANIMAL</b>					<b>DATE</b>	

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Name [REDACTED] Date 6/3/24  
 Address [REDACTED] Telephone [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? NO

### 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 \_\_\_\_\_

TIME	4:15 AM/PM	CUSTODY DATE	6-3-24	I.D. Case/No.	37031	PUBLIC
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHHS
X						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone: Unknown				Found her But can't keep her		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Bedrunt	Rabbit	BLACK	F		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 Ann Turner Sr					6-3-24	
DISPOSITION OF ANIMAL					DATE	
Euth					6-3-24	

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Name

Date

Address

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 surrender all property rights in such animal 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	439 AM/PM	CUSTODY DATE	6-3-24	I.D. Case/No.	37032H 37033
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	
Telephone: unknown				Rooming at Large	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Boxer	Boxer	Brindle	F	1 y	30# 25#
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 Ann Turner - Sec				6-3-24	
DISPOSITION OF ANIMAL				DATE	
TRF				7-1-24	

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Date

Telephone # N/A

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 anyone in the past 10 days? NO

SIGNER

I do not own

Danville Area Humane Society

Signature

- 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	4:39 AM/PM	CUSTODY DATE	6-3-24	I.D. Case No.	37032 37033
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)				ADHS	
Telephone: unknown				Roaming At Large	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Boxer	Boxer	Brindle	F	1 yr	30# 25#
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 Det	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Ana J. Juma - Sec</i>				6-3-24	
DISPOSITION OF ANIMAL				DATE	
Adopted				7-12-24	

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) 786-6222, PO Box 1432, Richmond, VA 23218.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone *E N/A*

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? *NO*

I do not own \_\_\_\_\_ SURRENDER \_\_\_\_\_ 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 \_\_\_\_\_

Danville Police Department — Danville Animal Control Danville Area Humane Society Pittsylvania Animal Control Public

TIME	12	AM/PM	AM	CUSTODY DATE	6-4-24	I.D. Case/No.	37034
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAYS	
	X						
OWNER'S ADDRESS (if known)				ADDITIONAL INFORMATION			
[REDACTED]				Tokoyo			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	terrier X	Brown/Blonde	F	3y	10#		
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	not detected.			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE [Signature]						6-4-24	
DISPOSITION OF ANIMAL						DATE	
E+ke						6-17-24	

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Name [REDACTED] Date 6-4-24  
Address [REDACTED] Telephone 434-554-9095

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 hereby 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.

Signature [REDACTED]



TIME	1225 AM/PM	CUSTODY DATE	6-4-24	I.D. Case/No.	37036200
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	
Telephone:				1213 Forest St.	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
x3 Feline	D5H	gray white face ORG BIK	M F		
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 et.	
CUSTODY RECORD PREPARED BY:				DATE	
SIGNATURE & TITLE <i>Ann James Sec</i>				6-4-24	
DISPOSITION OF ANIMAL				DATE	
Ethan				6-7-24	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane inspectors 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: 6-4-24  
Address: [Redacted] Telephone: [Redacted]

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

### STATEMENTS OF SURRENDER

I do not own this 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 \_\_\_\_\_

Daryville Police Department		Daryville Animal Control		Daryville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	1245	AM/PM	CUSTODY DATE	6-4-24	I.D. Case/No.	37038	37039		
REASON FOR CUSTODY (mark appropriate box)								LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	37044 37041 DASH			
	X								
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
[REDACTED]					1-F-mother (Reina) 4yrs 1-m-Father - Amig (5 yrs) Being deported at Country				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
4x Canine	Great Pyrenees	3-White 7-Black/White	2F 2M	4yrs 5yrs 6 mos	100# 80#	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 d-1.					
CUSTODY RECORD PREPARED BY:								DATE	
SIGNATURE & TITLE Ann Janner Sec								6-4-24	
DISPOSITION OF ANIMAL								DATE	
Ethen								6-11-24	

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, 1000 North 1st Street, Richmond, VA 23218.

Name: [REDACTED] Date: 6-4-24  
 Address: [REDACTED] Telephone: [REDACTED]  
 Characteristics: Good with children yes Lived Inside/Outside Housebroken NA  
 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 [REDACTED] Daryville 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 allowing [REDACTED] I acknowledge that that may not be possible in all cases, and I also acknowledge the [REDACTED] policies and procedures if I decide I want the

Signature [REDACTED]

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	1245 AM/PM	CUSTODY DATE	6-4-24	I.D. Case/No.	7038	7039	37041		
REASON FOR CUSTODY (mark appropriate box)							LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DASH			
	X								
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
[REDACTED]					1-F-mother (Reinal) 4 yrs 1-m-Father - Amigo 5 yrs He in service & being deported to Country				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
4x Celine	Great Pyrenees	3-white 1-Blk/white	2-F 2-M	4 yrs 5 yrs 6 mos	100 lbs	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					
CUSTODY RECORD PREPARED BY									
SIGNATURE & TITLE								DATE	
Ann Janner Sec								6-4-24	
DISPOSITION OF ANIMAL									
DATE									

This form is to be filled out by the person surrendering the animal. The information provided on this form is to be submitted 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, 23218.

Address: [REDACTED] Date: 6-4-24

Telephone: [REDACTED]

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

Disposition: Health yes Gets along well with other pets yes

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

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

### STATEMENTS OF SURRENDER

I do not own the animal. I am surrendering it 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 or otherwise disposed of that may not be possible in all cases, and I also acknowledge the adoption policies and procedures if I decide I want the animal.

Danville Police Department    Danville Animal Control    Danville Area Humane Society    Pittsylvania Animal Control    Public

TIME	205 AM/PM		CUSTODY DATE	6-4-24		I.D. Case/No.	37042	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
Telephone: unknown				Running At Large Halifax & Oranby St				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Canine	Pit x	Blk	F	3 yrs	40#	Non		
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 Det				
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE <i>Conn Turner sec</i>						6-4-24		
DISPOSITION OF ANIMAL						DATE		
Etker						6-13-24		

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 *[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 \_\_\_\_\_

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	2:25 AM/PM	CUSTODY DATE		6-4-24		I.D. Case/No.	37043		
REASON FOR CUSTODY (mark appropriate box)							LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS			
<input checked="" type="checkbox"/>									
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
Telephone: Unknown					Roaming At near Burger King ON Riverside DR.				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Canine	Pit	Grey		F	6 mos.	30#	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 Det.				
CUSTODY RECORD PREPARED BY									
SIGNATURE & TITLE Ann Sumner-Sic							DATE 6-4-24		
DISPOSITION OF ANIMAL									
F + k a							DATE 6-12-24		

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 1183, Richmond, VA 23218.

Address: [REDACTED] Date: 6-4-24 Telephone: [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? NO

### 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: \_\_\_\_\_

Danville Police Department    Danville Animal Control    Danville Area Humane Society    Pittsylvania Animal Control    Public

TIME	3-00 AM/PM		CUSTODY DATE		6-4-24		I.D. Case/No.	3764A 37045	
REASON FOR CUSTODY (mark appropriate box)							LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		37046 37047 DAHS		
	X								
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
[REDACTED]					[REDACTED]				
Telephone:									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
4x Peline	DSH	gray tabby		14-F	24/3m	4#			
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		not detected				
CUSTODY RECORD PREPARED BY:							DATE		
SIGNATURE & TITLE							DATE		
A. Cat KA							6-4-24		
DISPOSITION OF ANIMAL							DATE		
E+Lu							6-14-24		

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) 788-8402, P.O. Box 1163, Richmond, VA 23218.

Name: [REDACTED] Date: 6-4-24

Address: [REDACTED] Phone: [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? 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.

Signature \_\_\_\_\_

TIME	3 AM/PM	CUSTODY DATE	6-4-24	I.D. Case/No.	37048
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
Telephone: <u>Unknown</u>					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Black	M	9wks	1 1/2
OTHER					
Now					
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 <u>Ann Farmer-Sec</u>					6-4-24
DISPOSITION OF ANIMAL					DATE
<u>Euth-3cc</u>					7-2-24

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 annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 798-2483, P.O. Box 1183, Richmond, VA 23218.

Name [Redacted] Date 6-4-24  
 Address [Redacted] Telephone [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? NO

#### STATEMENTS OF SURRENDER

I do not own \_\_\_\_\_ the Danville Area Humane Society.

Signature \_\_\_\_\_

- 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 \_\_\_\_\_

Danville Police Department    Danville Animal Control    Danville Area Humane Society    Pittsylvania Animal Control    Public

TIME	4:15 AM/PM	CUSTODY DATE	6-4-24	I.D. Case/No.	37049
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone: Unknown				TRAPPING	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	gray	M	6 wks	1#
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	
CUSTODY RECORD PREPARED BY: [Signature]				DATE: 6-4-24	
SIGNATURE & TITLE: [Signature]				DISPOSITION OF ANIMAL	
				DATE: 6-7-24	

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: [Redacted] Date: 6-4-24  
 Address: [Redacted] Telephone: [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? NO

### STATEMENTS OF SURRENDER

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

Signature: [Redacted]

- 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	4:15 AM/PM	CUSTODY DATE	6-4-24	I.D. Case/No.	37056 37051
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	
				Can't keep these too many	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
Canine	Labs	BRN-white 3 BRN tan 1 white 2	2F 5M	1 YRS 6 WKS	25# 2#
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	
CUSTODY RECORD PREPARED BY:				DATE	
SIGNATURE & TITLE Anna James Sec				6-4-24	
DISPOSITION OF ANIMAL				DATE	
4X Euth				7-12-24	

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 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

Address

Telephone

Characteristics: Good with children

Lived Inside/Outside

Housebroken

Adopted NO

Disposition Health

Gets along well with other pets

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.

Signature

TIME	4:12 AM/PM	CUSTODY DATE	6-4-24	LD. Case/No.	37056 37051
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	
Telephone:				Can't keep these too many	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
70x Canine	Labs	BRN-white 3/24 Tan 1 white 2	2F 5M	1 yr 6 wks	25# 2#
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 Det	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Anna James Sec				6-4-24	
DISPOSITION OF ANIMAL				DATE	
Adopted				6-1-24	

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 23216.

Name: [REDACTED] Date: [REDACTED]  
 Address: [REDACTED]  
 Characteristics: Good with children \_\_\_\_\_  
 Disposition: Lived Inside/Outside \_\_\_\_\_  
 Health: \_\_\_\_\_  
 Housebroken: puppy NO  
 Gets along well with other pets: Yes  
 Did you contact another shelter about this animal? NO Why did they decline to accept? N/A  
 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.

Signature \_\_\_\_\_

TIME	4 AM/PM	CUSTODY DATE	6-4-24	I.D. Case/No.	37057, 37058
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)	ADAMS.
Telephone	
Additional Information	
Dropped off abandoned bird	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
2x felines	DST / DMH	grey white / black	F	2m	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	not detected

CUSTODY RECORD PREPARED BY		DATE
SIGNATURE & TITLE	A Cott KA	6-4-24
DISPOSITION OF ANIMAL		DATE

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) 798-2483, P.O. Box 163, 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 3.2-8546, 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 \_\_\_\_\_

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

TIME

4

AM/PM

CUSTODY

DATE

6-4-24

I.D.  
Case/No.

37057, 37058

REASON FOR CUSTODY (mark appropriate box)

Stray

Owner  
Surrender

Seized

Bite Case

Transfer from  
other  
locality/facility

Other

X

LOCATION WHERE  
CUSTODY WAS TAKEN

DAHS.

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Telephone:

Justin Drive

Dropped off abandoned bulld.

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR/MARKINGS

SEX

APPROX.  
AGE

APPROX.  
WEIGHT

OTHER

2x

Felines

DST / DMH

grey with

black

F

2m

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

not detected

CUSTODY RECORD PREPARED BY

SIGNATURE & TITLE

A CH

KA

DISPOSITION OF ANIMAL

Adopted

DATE

10-4-24

DATE

7-22-24

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, 1163, Richmond, VA 23218.

Name

Address

Date

Telephone

Characteristics: Good with children

Disposition Health

Lived Inside/Outside Housebroken

Did you contact another shelter about this animal? Gets along well with other pets

Has the animal bitten or scratched a person or animal within the past 10 days? Why did they decline to accept?

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

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	4:45	AM/PM	CUSTODY DATE	6-4-24			I.D. Case/No.	37059	
REASON FOR CUSTODY (mark appropriate box)							LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		DASH		
	X								
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
[REDACTED]					He gets through fence neighbors complaining				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX AGE	APPROX WEIGHT	OTHER		
Canine	Chi Pit	BROWN		M	2 YR	30	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				
CUSTODY RECORD PREPARED BY							DATE		
SIGNATURE & TITLE							DATE		
DISPOSITION OF ANIMAL							DATE		
E+kee							6-14-24		

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 Housebroken NO  
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 back.

X \_\_\_\_\_  
Signature \_\_\_\_\_

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	230	AM/PM	CUSTODY DATE	6-5-24	I.D. Case/No.	370	64		
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				
[REDACTED]					Her Brother didn't want dog. Sister said she can't have it. Baby				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Canine	Pitx	Tan white	F	2 yrs	30#				
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 Det					
CUSTODY RECORD PREPARED BY									
SIGNATURE & TITLE								DATE	
Carmelina Sec								6-5-24	
DISPOSITION OF ANIMAL									
Eden								DATE	
								6-7-24	

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 yes Lived Inside/Outside yes Housebroken yes  
 Disposition OK Health OK 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

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

TIME	12 AM/PM	CUSTODY DATE	6-5-24	I.D. Case/No.	7060
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	<input checked="" type="checkbox"/>				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[REDACTED]				They kept her kitten	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	9/4 tabby	F	1 yr.	10#
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	
CUSTODY RECORD PREPARED BY:					
SIGNATURE & TITLE				DATE	
Ann Turner - Sec				-5-24	
DISPOSITION OF ANIMAL				DATE	
FTHL				6/10/24	

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) 786-2482, P.O. Box 1183, Richmond, VA 23218.

Address

Date 6-5-24

Telephone

Characteristics: Good with children ☒ Yes

Disposition: Sweet, Gentle Health

Lived Inside/Outside

Housebroken

NO

Did you contact another shelter about this animal? N/A

Gets along well with other pets

YES

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.

Signature

Danville Police Department    Danville Animal Control    Danville Area Humane Society    Pittsylvania Animal Control    Public

TIME	1:45 AM	CUSTODY DATE	6-5-24	I.D. Case No.	37066
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]			CANT keep these P.C. you must take them		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
1 Adult 2X Feline	DSH	2 TORT ORGWH	2F M	1 yr 12 wks	4# 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 et.	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				DATE	
Ann Turner-Sec				6-5-24	
DISPOSITION OF ANIMAL				DATE	

This document is the property of the Danville Area Humane Society. It is to 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) 786-6400, P.O. Box 1163, Richmond, VA 23218.

Name: [REDACTED] Date: 6-5-24

Address: [REDACTED]

Characteristics: Good with children 1 Lived Inside/Outside Outside Housebroken Yes

Disposition Health Gets along well with other pets Yes

Did you contact another shelter about this animal? P.C. Why did they decline to accept? They don't have space

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 3.2-6548, 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 \_\_\_\_\_



Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	1:45 AM/PM	CUSTODY DATE		6-5-24		LD. Case No.		37066D	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	370663			
	X					DALL			
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
[REDACTED]					CANT keep these P.C. you don't take them				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
1 Adult 2X feline	DSH	2 TORT	2F	1 yr 12 wks	4# 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 dog					
CUSTODY RECORD PREPARED BY								DATE	
SIGNATURE & TITLE Anna Turner-Soc								6-5-24	
DISPOSITION OF ANIMAL								DATE	
Adopted								6-7-24	

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Name: [REDACTED] Date: 6-5-24

Address: [REDACTED] Telephone: [REDACTED]

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_ Yes

Disposition: \_\_\_\_\_ Health: \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_ Yes

Did you contact another shelter about this animal? P.C. Why did they decline to accept? [REDACTED] didn't have space

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	1:45 AM/PM	CUSTODY DATE	6-5-24	I.D. Case/No.	370661 37062
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]				CANT keep these P.C. don't take them	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
1 Adult 2X Feline	DSH	2 TORT OR GWHT	2F	1 yr 12 wks	4# 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 et.	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Ann Keuma-sec				6-5-24	
DISPOSITION OF ANIMAL				DATE	
Adopted				8-6-24	

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Name: [REDACTED] Date: 5-24

Address: [REDACTED]

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken Yes \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter about this animal? P.C. Why did they decline to accept? They didn't have space  
 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 \_\_\_\_\_

Danville Police Department Danville Animal Control Danville Area Humane Society Pittsylvania Animal Control Public

TIME 2:47 AM/PM CUSTODY DATE 6-5-24 I.D. Case/No. 27065 27066

REASON FOR CUSTODY (mark appropriate box)

Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				

LOCATION WHERE CUSTODY WAS TAKEN 3706

DAHS

OWNER'S NAME & ADDRESS (if known)

[Redacted]

ADDITIONAL INFORMATION

Call everywhere but NO work excepting Any.

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	Calico	F	1 yr	8wks	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

CUSTODY RECORD PREPARED BY:

SIGNATURE & TITLE Ann Jenner-Sec DATE 6-5-24

DISPOSITION OF ANIMAL

Euthx 3

DATE 6-6-24

This form may be used by animal control officers, custodians of any pound or shelter, representatives of animal control 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? Halifax Why did they decline to accept? NO CATS

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 animal.

Signature \_\_\_\_\_

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	2:45 AM/PM	CUSTODY DATE	6-5-24	I.D. Case/No.	337068				
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAH			
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
[Redacted]					Trapping				
Telephone:									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER			
Feline	DSH	Calico	F	3yrs	6#	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 Det					
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE Ann Turner - Sec						6-5-24			
DISPOSITION OF ANIMAL						DATE			
Etha						6-17-24			

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: [Redacted] Date: 6-5-24  
 Address: [Redacted] Telephone: N/A  
 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: [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.

TIME	AM/PM	CUSTODY DATE	6-5-24		I.D. Case/No.	37069 37070	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	37071 DAAHS	
	X						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[REDACTED]				Trapping couldn't find NO one to take these			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER	
3x Feline	DSH	Orange white calico	M	10wks		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		
CUSTODY RECORD PREPARED BY							
SIGNATURE & TITLE						DATE	
Carr Janner-sec						6-5-24	
DISPOSITION OF ANIMAL							
Ethan						DATE	
						6-6-24	

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 2 Lived Inside/Outside Housebroken NO  
Disposition Health 2 Gets along well with other pets YES  
Did you contact another shelter about this animal? YES Why did they decline to accept? Just one NOT excepting  
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

Sign \_\_\_\_\_

**Danville Police Department**  
**Animal Control Unit**  
**(434) 548-3017**

**ANIMAL CUSTODY RECORD**

This form must be maintained in accordance with § 3.1-796.105.B of the Code of Virginia.

CASE NO.	37072	CUSTODY DATE	6/5/24	TIME	3:50	AM / PM	PM
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		
1							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
UNKNOWN				[REDACTED]			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
K9	Pit Mix	brn	M	4yr	60lbs	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
NO	Not Registered		MVC-LN	[REDACTED]			
CUSTODY				DATE			
[REDACTED]				6/5/24			
SIGNATURE				DATE			
[REDACTED]				RTO 6-5-24			

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 § 3.1-796.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

Danville Police Department    Danville Animal Control    Danville Area Humane Society    Pittsylvania Animal Control    Public

TIME	12 <sup>35</sup> AM/PM	CUSTODY DATE	6-6-24	I.D. Case/No.	37074
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone: Unknown				TRAP	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
Feline	DSH	BLACK	M	8wks	1#
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 Det	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE Ann Janner-Sec					6-6-24
DISPOSITION OF ANIMAL					DATE
Ethel					7-24

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, and animal 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) 788-2488, P.O. Box 1163, Richmond, VA 23218.

Name: [REDACTED] Date: [REDACTED]  
 Address: [REDACTED] Telephone: [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? NO

#### 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: \_\_\_\_\_

TIME	12:50 AM/PM	CUSTODY DATE	6-6-24	I.D. Case/No.	37075 37076
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]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
3 Feline	DSH	2 Buff F Tort + m	2-F 1-M	4 wks	1#
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				DATE	
Ann Turner-sec				6-6-24	
DISPOSITION OF ANIMAL				DATE	
Ethel				6-10-24	

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 Outside Housebroken No  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets Yes  
 Did you contact another shelter about this animal? Yes Why did they decline to accept? they want these  
 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 intend to follow the adoption policies and procedures if I decide I want the above described animal.

Signature \_\_\_\_\_



TIME	1	AM/PM	CUSTODY DATE	6-6-24	I.D. Case/No.	37078 37079
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DANHS
	<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]				410 Moffett St. Bear Feeding the 2		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	Gray/gray tab	F	1 yrs	6#	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		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE <i>Anne Turner-see</i>				6/6/24		
DISPOSITION OF ANIMAL				DATE		
Fma				6/7/24		

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 Yes Lived Inside/Outside Inside Housebroken NO

Disposition Health Gets along well with other pets \_\_\_\_\_

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.

Signature \_\_\_\_\_

**Danville Police Department****Animal Control Unit**

(434) 548-3017

**ANIMAL CUSTODY RECORD**

The Animal Control Unit is a part of the Danville Police Department. It is responsible for the care and custody of animals in the city of Danville, Virginia. It is also responsible for the enforcement of the city's animal control ordinance.

37080

37084

37083

CASE NO.

37082  
37083

CUSTODY DATE

6/6/24

TIME

12:30 AM (PM)

REASON FOR CUSTODY (mark appropriate box)

Stray

Owner  
Surrender

Seized

impound

Bite Case

Transfer from  
other  
locality/facility

Other

OWNER'S NAME &amp; ADDRESS (if known)

ADDITIONAL INFORMATION

see ACO Crowder

Telephone:

**ANIMAL DESCRIPTION**

SPECIES

BREED

COLOR/MARKINGS

SEX

APPROX.  
AGEAPPROX.  
WEIGHT

OTHER

K9 x6

Pitbull x6

\*see paper

F

4M x5

15lbs x5

NONE

ANIMAL IDENTIFICATION (complete all applicable items, or check "None")

CITY/COUNTY  
LICENSE

RABIES TAG

COLLAR

(specify)

N

CUS

SIGN

This form  
investig  
at least  
submit  
the Staare  
maintained for  
authorized and  
the Office ofRTU 12  
6-724

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017 37080 37084 37085				<b>ANIMAL CUSTODY RECORD</b> <small>This form complies with the requirements of § 3.1-796.105.B of the Code of Virginia.</small>			
CASE NO. <u>37083</u>		CUSTODY DATE <u>6/6/24</u>		TIME <u>12:30</u> AM / PM <u>(P)</u>			
<b>REASON FOR CUSTODY (mark appropriate box)</b>							
Stray	Owner Surrender	Seized impound	Bite Case	Transfer from other locality/facility	Other		
		<u>U</u>					
OWNER'S NAME & ADDRESS (if known) <u>Aiyina Wilson</u>			ADDITIONAL INFORMATION <u>see ACO Crowder</u>				
Telephone: _____							
<b>ANIMAL DESCRIPTION</b>							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT		
<u>K9 x U</u>	<u>Pitbull x U</u>	<u>*see paper</u>	<u>F</u>	<u>4m x 5</u> <u>1 yr x 1</u>	<u>15 lbs x 5</u> <u>50 lbs x 1</u>		
<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "NONE")</b>							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>			
CUSTODY RECORD PREPARED BY <u>AE 391</u>				DATE <u>6/6/24</u>			
SIGNATURE & TITLE							
<b>DISPOSITION OF ANIMAL</b>				<b>DATE</b>			
<u>Ethel</u>				<u>6/11/24</u>			

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 § 3.1-796.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

TIME	2:45 AM/PM	CUSTODY DATE	6/6/24	I.D. Case/No.	37087 37084
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]				CAN'T keep this	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2x Feline	DSH	1-gray 1-BIK	m f	12wks	1 1/2#
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 Del.	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Ann Farmer-See				6-6-24	
DISPOSITION OF ANIMAL				DATE	

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 1183, Richmond, VA 23218.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Characteristics: Good with children Yes Lived Inside/Outside Lived Inside Housebroken Yes  
 Disposition Health Gets along well with other pets Yes  
 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? 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.

Signature \_\_\_\_\_

TIME 3:35 AM/PM	CUSTODY DATE 6/4/24		I.D. Case No. 37088	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility
Other	DAHS			
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION	
[REDACTED]			Running At Large Co. OIV Mt. Cross Rd	
ANIMAL DESCRIPTION				
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE
Canine	Hound	TRI	F	74
APPROX. WEIGHT				
50#				
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)
NOIVE	None	None	None	9810200 29415
CUSTODY RECORD PREPARED BY				DATE
SIGNATURE & TITLE <i>Anna Farmer-Sie</i>				6/6/24
DISPOSITION OF ANIMAL				DATE
Adopted				6-25-24

396

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) 781-2600, 2000 North 15th Street, Richmond, VA 23218.

Date

6/6/24

Character Indoor/Outside Housebroken  
 Disposition Health Gets along well with other pets  
 Did you contact another shelter about this animal? NO Why did they decline to accept? N/A  
 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.

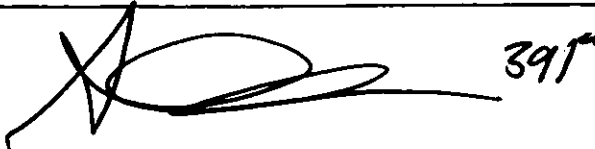
Signature

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.

Signature

<b>Danville Police Department</b> <b>Animal Control Unit</b> <b>(434) 548-3017</b>	<b>ANIMAL CUSTODY RECORD</b> <small>This form is required by 53.1-796.105.B of the Code of Virginia.</small>
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CASE NO.	37089	CUSTODY DATE	6/7/24	TIME	9:00	AM	PM
REASON FOR CUSTODY (mark appropriate box)							
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[REDACTED]				see ACO Crowder			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
K9	Puggle	Red	M	1yr	15lbs	NONE	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
NONE	NONE	NONE	NONE		NONE		
CUSTODY RECORD PREPARED BY						DATE	
						6/7/24	
SIGNATURE & TITLE							
DISPOSITION OF ANIMAL						DATE	
Adopted						6-21-24	

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 53.1-796.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

TIME	12.20 AM/PM	CUSTODY DATE	6-7-24	I.D. Case/No.	3790
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DMH	Yellow/white	m	7Wk	1/12
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 <i>May E. Gurt</i>				6-7-24	
DISPOSITION OF ANIMAL				DATE	
<i>STAY</i>				6-14-24	

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, 1000 North 1st Street, Suite 200, 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? *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 \_\_\_\_\_ and I hereby 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	12:30 AM/PM	CUSTODY DATE	6-7-24	I.D. Case/No.	37091	
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		
Telephone:				found on North Main - lived to Dunster		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
K9	She	Tan	M	2m	15	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	Blue/black	None Det		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE Ann Janner - Sec				6-7-24		
DISPOSITION OF ANIMAL				DATE		
Adopted				6-8-24		

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) 799-2100, P.O. Box 1163, Richmond, VA 23216.

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? 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 surrender 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



Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

37092

TIME	1240AM/PM	CUSTODY DATE	6-7-24	I.D. Case/No.	37093 37094 37095	
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]						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Yk	Dstt	46g	F	6wks	1#	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
non	non	non	non	None decl'd		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE				DATE		
[Signature]				6-7-24		
DISPOSITION OF ANIMAL				DATE		
[Signature]				7-1-24		

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? 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 animal.

Signature \_\_\_\_\_

**Danville Police Department**  
**Animal Control Unit**  
**(434) 548-3017**

**ANIMAL CUSTODY RECORD**

*This form provides all information as required by §3.1-796.105.B of the Code of Virginia.*

CASE NO.	3706	CUSTODY DATE	6/7/24	TIME	3:58	AM (PM)	(PM)
REASON FOR CUSTODY (mark appropriate box)						CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		
					1 Safekeeping		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[REDACTED]				"Safekeeping" Misty			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
K9	chihuahua	Tri	F	10yrs	3lbs	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
NONE	NONE	NONE	NONE		NONE		
CUSTODY RECORD PREPARED BY						DATE	
						6/7/24	
SIGNATURE & TITLE							
DISPOSITION OF ANIMAL						DATE	
RTO						6-8-24	

*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 §3.1-796.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.*

TIME	4:45 AM/PM	CUSTODY DATE	6-7-24	I.D. Case/No.	37098
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]			Bingo		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
K-9	Healer/mix	White/Brown	M	8	30
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 <i>Mary E. Brunet</i>					6-7-24
DISPOSITION OF ANIMAL					DATE
<i>Ethel</i>					

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 NO Lived Inside/Outside Housebroken YES  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 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? YES

*bitten son twice*

### 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	4:45 AM/PM	CUSTODY DATE	6-7-24	I.D. Case No.	3700 3702 3702
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]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
4 Felino	DSH	BLACK			
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 <i>Mary E. Smith</i>				6-7-24	
DISPOSITION OF ANIMAL				DATE	
<i>Ether</i>				6-10-24	

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 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? *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 3.2-8546, 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 \_\_\_\_\_

<b>TIME</b>	8:00	<b>AM/PM</b>	AM	<b>CUSTODY DATE</b>	6-8-24	<b>I.D. Case/No.</b>	37103
<b>REASON FOR CUSTODY (mark appropriate box)</b>						<b>LOCATION WHERE CUSTODY WAS TAKEN</b>	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Darts	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>				<b>ADDITIONAL INFORMATION</b>			
Telephone:							
<b>ANIMAL DESCRIPTION</b>							
<b>SPECIES</b>	<b>BREED</b>	<b>COLOR/MARKINGS</b>		<b>SEX</b>	<b>APPROX. AGE</b>	<b>APPROX. WEIGHT</b>	<b>OTHER</b>
cat	DSH	orange		m	10m	5#	None
<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")</b>							
<b>CITY/COUNTY LICENSE NUMBER</b>	<b>RABIES TAG NUMBER</b>	<b>TATTOO</b>	<b>COLLAR (Color, type, etc.)</b>		<b>OTHER IDENTIFICATION (specify)</b>		
none	none	none	none		not detected		
<b>CUSTODY RECORD PREPARED BY</b>						<b>DATE</b>	
SIGNATURE & TITLE    A. C.    KA						6-8-24	
<b>DISPOSITION OF ANIMAL</b>						<b>DATE</b>	
euth						8-6-24	

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 [REDACTED] Date 6-8-24

Address [REDACTED] Telephone [REDACTED]

Characteristics: Good with children [REDACTED] Lived Inside/Outside Housebroken yes

Disposition [REDACTED] Health [REDACTED] Gets along well with other pets [REDACTED]

Did you contact another shelter about this animal? no Why did they decline to accept? [REDACTED]

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 [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]

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

TIME	3:05 AM/PM	CUSTODY DATE	6-8-24	I.D. Case/No.	37104 37105
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	
				Anna + Bella	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pitx	tan white	sp	2/3y	50
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	not detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE A. C. H. I. A.					6-8-24
DISPOSITION OF ANIMAL					DATE
Etha					6-11-24

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.

**Danville Police Department**  
**Animal Control Unit**  
**(434) 548-3017**

**ANIMAL CUSTODY RECORD**

*This form includes all mandatory information required by §3.1-796.105.B of the Code of Virginia.*

DATE: 6-9-23		TIME: 7:44 AM / PM																			
Transfer from other locality/facility		Other: 12																			
<p>ADDITIONAL INFORMATION</p> <p>Safekeeping while in hospital</p> <p>5 females 6 males - puppies</p>																					
<p>DESCRIPTION</p> <table border="1"> <thead> <tr> <th>KINGS</th> <th>SEX</th> <th>APPROX. AGE</th> <th>APPROX. WEIGHT</th> <th>OTHER</th> </tr> </thead> <tbody> <tr> <td>X 1</td> <td>FX 1</td> <td>2 years</td> <td>25 lbs</td> <td rowspan="2">None</td> </tr> <tr> <td>X 11</td> <td>2 weeks old</td> <td>2 lbs</td> <td></td> </tr> </tbody> </table> <p>(Indicate all that apply, or indicate "none")</p> <table border="1"> <thead> <tr> <th>COLLAR (Color, type, etc.)</th> <th>OTHER IDENTIFICATION (specify)</th> </tr> </thead> <tbody> <tr> <td>Chain collar</td> <td>None</td> </tr> </tbody> </table>				KINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	X 1	FX 1	2 years	25 lbs	None	X 11	2 weeks old	2 lbs		COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	Chain collar	None
KINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER																	
X 1	FX 1	2 years	25 lbs	None																	
X 11	2 weeks old	2 lbs																			
COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)																				
Chain collar	None																				

SIGNATURE &amp; TITLE

Acc I.V. Black #772

6-9-23

**DISPOSITION OF ANIMAL**

**DATE**

RTO

6-20-23

*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 §3.1-796.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.*

**Danville Police Department**  
**Animal Control Unit**  
**(434) 548-3017**

**ANIMAL CUSTODY RECORD**  
 This form contains all mandated information as required by  
 §3.1-796.105.B of the Code of Virginia.

<b>CASE NO.</b>	37104 37107	<b>CUSTODY DATE</b>	6/10/24	<b>TIME</b>	11:28 AM	<b>PM</b>
<b>REASON FOR CUSTODY (mark appropriate box)</b>						<b>LOCATION WHERE CUSTODY WAS TAKEN</b>
Stray	Owner Surrender	Seized <i>impound</i>	Bite Case	Transfer from other locality/facility	Other	
		2				
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>				<b>ADDITIONAL INFORMATION</b>		
Telephone:				-Impound for NO shelter, NO water, NO Food, untethered tethering x SCC ACO		
<b>ANIMAL DESCRIPTION</b>						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
K9x2	Pitbull <sup>2</sup>	Tan/white x1 blk/whit x1	F <sup>2</sup>	2yrs <sup>x2</sup>	40lbs x1 30lbs x1	NONE
<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")</b>						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
NONE	NONE	NONE	blue collar	NONE		

<b>CUSTODY RECORD PREPARED BY</b>	<b>DATE</b>
<i>[Signature]</i> 395	6/10/24
<b>SIGNATURE &amp; TITLE</b>	

<b>DISPOSITION OF ANIMAL</b>	<b>DATE</b>
<i> euth - Court Case</i>	8-28-24-

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 §3.1-796.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.



TIME	11:45	AM/PM	CUSTODY DATE	6-10-24	I.D. Case/No.	37108 37109
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION	
Telephone: UNKNOWN					TRAPPING	
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
2x Feline	DSH	Light gray	F	1 yr	10 lbs	
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: <i>Carmel-James-S</i>					6-10-24	
DISPOSITION OF ANIMAL					DATE	
Euth					6-19-24	

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 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: 6-10-24  
Address: [REDACTED] Telephone: [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? NO Why did they decline to accept? NA  
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: [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

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017				<b>ANIMAL CUSTODY RECORD</b> <small>This form is required by the Code of Virginia § 3.1-796.105.B for the Code of Virginia</small>			
CASE NO.	37110	CUSTODY DATE	6/10/24	TIME	12:00	<input checked="" type="radio"/> AM <input type="radio"/> PM	
<b>REASON FOR CUSTODY (mark appropriate box)</b>						<b>CUSTODY STATUS</b>	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		
1							
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>				<b>ADDITIONAL INFORMATION</b>			
Telephone:				Very sick. magots on rectum, skinny, eyes are closed by infection			
<b>ANIMAL DESCRIPTION</b>							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Veline	DSH	gry	UN	1wk	under 11bs	none	
<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")</b>							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
NONE	NONE	NONE	NAME	NAME			
<b>CUSTODY RECORD PREPARED BY</b>						<b>DATE</b>	
SIGNATURE & TITLE						6/11/24	
<b>DISPOSITION OF ANIMAL</b>						<b>DATE</b>	
Ethu						6/11/24	

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 § 3.1-796.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

Danville Police Department    Danville Animal Control    Danville Area Humane Society    Pittsylvania Animal Control    Public

TIME	12 <sup>56</sup> AM/PM	CUSTODY DATE	6-10-24	I.D. Case/No.	37111
------	------------------------	--------------	---------	---------------	-------

**REASON FOR CUSTODY (mark appropriate box)**

Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				

**LOCATION WHERE CUSTODY WAS TAKEN**

DAHS

**OWNER'S NAME & ADDRESS (if known)**

Telephone:

See Bottom

**ADDITIONAL INFORMATION**

TRAPPING BUTHERY SECTION  
1-Sickly m

**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	2-Orange 2-Black BRIDLE	2m GF	1yr.	6-10#	Nine

**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**

SIGNATURE & TITLE	DATE
Ann J. Sec	6-10-24
DISPOSITION OF ANIMAL	DATE
Adopted	6-11-24

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) 726-2483, P.O. Box 1453, Richmond, Virginia 23211.

Name: [Redacted] Date: 6-16-24  
Address: [Redacted]  
Telephone: [Redacted]

Characteristics: Good with children YES Lived Inside/Outside Housebroken YES  
Disposition Health SICK Gets along well with other pets YES  
Did you contact another shelter about this animal? YES Why did they decline to accept? See want take  
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.

Signature \_\_\_\_\_

TIME	10:10 AM/PM	CUSTODY DATE	6-10-24	I.D. Case/No.	37118 37119
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				Shelter
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[REDACTED]				Mother cat was killed by a car.	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
X4 Feline	DSH	2-bro 1-tort 1-eght		6 wks.	1#	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	True	True	True	True D		
CUSTODY RECORD PREPARED BY:				DATE		
SIGNATURE & TITLE <i>Ann Turner</i>				6-10-24		
DISPOSITION OF ANIMAL				DATE		
<i>Ether X4</i>				6-14-24		

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 [REDACTED] Date 6/10/24  
 Address [REDACTED] Telephone [REDACTED]

Characteristics: Good with children \_\_\_\_\_ Lived Inside Outside \_\_\_\_\_ Housebroken Litter Trained \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 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? \_\_\_\_\_

### 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 \_\_\_\_\_

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017				<b>ANIMAL CUSTODY RECORD</b> <small>The form required by 53.1-796.105.B of the Code of Virginia.</small>			
CASE NO.	37122	CUSTODY DATE	6-10-24 <del>2-9-24</del>	TIME	2:09	AM <input checked="" type="checkbox"/> PM	
REASON FOR CUSTODY (mark appropriate box)						Astoria Pinex Forest Rd	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		
1							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
feline	PMH	tortoiseshell	♀	3 years	2 lbs	?	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	None	None			
CUSTODY RECORD PREPARED BY					DATE		
SIGNATURE & TITLE					6-10-24 <del>2-9-24</del>		
Aco I.D. Black PPH 372							
DISPOSITION OF ANIMAL					DATE		
Euth					6-27-24		

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 53.1-796.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

Danville Police Department    Danville Animal Control    Danville Area Humane Society    Pittsylvania Animal Control    Public

TIME	2:55 AM/PM	CUSTODY DATE	6-10-27	I.D. Case/No.	37123 37124
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	<input checked="" type="checkbox"/>				
OWNER'S NAME & ADDRESS (If known)				ADDITIONAL INFORMATION	
[Redacted]				[Redacted]	
Telephone: [Redacted]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
5X IL YIC	D>H	3 seal pt. BIK-	17	18 10 WKS	6# 1#
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 at	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				DATE	
[Signature]				6-10-27	
DISPOSITION OF ANIMAL				DATE	
[Signature]				6-14-27	

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? 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 I am required to follow the adoption policies and procedures if I decide I want the above

Signature \_\_\_\_\_

Danville Police Department    Danville Animal Control    Danville Area Humane Society    Pittsylvania Animal Control    Public

TIME	3:51 AM/PM	CUSTODY DATE	6-10-24	I.D. Case/No.	37128 37129 37130 37131
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		
Telephone: Unknown			Trapping Federal		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
4x Feline	DSH	Calico 5-W ORW GIVE	F	2day 1yr	5oz. 6#
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	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Ann Turner - Soc</i>				6-10-24	
DISPOSITION OF ANIMAL				DATE	
Euth				6-12-24	

This form shall be used by animal control officers, employees 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) 798-2662, 1000 Bankers Building, Richmond, VA 23218.

Name: \_\_\_\_\_ Date: 6-10-24

Address: \_\_\_\_\_

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? X

### 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 \_\_\_\_\_

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017				<b>ANIMAL CUSTODY RECORD</b> <small>This form records all animal custody information as required by §3.1-796.106.B of the Code of Virginia.</small>			
CASE NO.	37132	CUSTODY DATE	6-11-24	TIME	10:00	PM	
REASON FOR CUSTODY (mark appropriate box)					CUSTODY WAS TAKEN BY		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Meadowbrook &	
1							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
				Caught in trap			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
feline	DMH	Blk/whr	M	2 years	8lbs	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "None")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	None	None			
CUSTODY RECORD PREPARED BY					DATE		
SIGNATURE & TITLE <i>A.C. I.V. B. Kelly PD# 322</i>					6-11-24		
DISPOSITION OF ANIMAL					DATE		
<i>E. L. H.</i>					6-20-24		

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 §3.1-796.106.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.



<b>Danville Police Department</b> Animal Control Unit (434) 548-3017				<b>ANIMAL CUSTODY RECORD</b> <small>This form is required by the Code of Virginia, § 3.1-796.106.B of the Code of Virginia.</small>			
CASE NO.	37133 37134	CUSTODY DATE	6-11-24	TIME	8:45	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
REASON FOR CUSTODY (mark appropriate box)					CUSTODY LOCATION		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Stokes St	
2							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
				caught in trap			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
feline	DMH	tortoiseshell	F	3 weeks	1 lbs	None	
feline	DMH	calico	F	3 weeks	1 lbs	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "None")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	None	None			
CUSTODY RECORD PREPARED BY					DATE		
					6-11-24		
SIGNATURE & TITLE							
Aco I.D. Black ID# 322							
DISPOSITION OF ANIMAL					DATE		
					6-24-24		
Ethel							

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 § 3.1-796.106.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

TIME	1:14 AM/PM	CUSTODY DATE	6-11-24	I.D. Case/No.	37135
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]				LL said CAN'T have pets will NOT stay in garage in yard!	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pit	Black/white	M	8 yrs	110#
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	981020025403162	
CUSTODY RECORD PREPARED BY					
SIGNATURE & TITLE				DATE	
Ann J. [unclear] - Sec				6-11-24	
DISPOSITION OF ANIMAL				DATE	
Ethe				6-21-24	

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 YesDisposition Free Health OKLived Inside/Outside Housebroken Yes

Did you contact another shelter about this animal? \_\_\_\_\_

Gets along well with other pets YesHas the animal bitten or scratched a person or animal within the past 10 days? NO

Why did they decline to accept? \_\_\_\_\_

## STATEMENTS OF SURRENDER

I do not own the above described animal and I surrender 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 \_\_\_\_\_

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	114	AM/PM	CUSTODY DATE	6-11-24	I.D. Case/No.	37136			
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS			
	<input checked="" type="checkbox"/>								
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
[REDACTED]					2L said Can't have Pets				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Feline	DSH	gray	M	10mos					
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									
SIGNATURE & TITLE						DATE			
Ann Jamie - Sec						6-11-24			
DISPOSITION OF ANIMAL									
Etku						DATE			
						6-17-24			

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 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  
 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.

Danville Police Department    Danville Animal Control    Danville Area Humane Society    Pittsylvania Animal Control    Public

TIME	3:00 AM/PM	CUSTODY DATE	6-11-24	I.D. Case/No.	37137
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]				He Can't Keep this dog	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Rottie	BLACK/BRN	M	1yr	80#
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	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Ann Farmer Sec</i>					6-11-24
DISPOSITION OF ANIMAL					DATE
Euth					6-19-24

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 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 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? 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.

**Danville Police Department**  
**Animal Control Unit**  
**(434) 548-3017**

**ANIMAL CUSTODY RECORD**

This form must be maintained in accordance with 53.1-796.105.B of the Code of Virginia.

CASE NO.	37138	CUSTODY DATE	6-11-24	TIME	2:07	AM / PM	PM
REASON FOR CUSTODY (mark appropriate box)						CUSTODY NAME	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Forest St	
1							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
				caught in trap			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
ferret	Pink	orange	M	2 years	8 lbs		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "None")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	None	None			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE ACOI.D. Black #372						6-11-24	
DISPOSITION OF ANIMAL						DATE	
Euth						6-17-24	

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 53.1-796.105.B of 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 submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	2:59 AM/PM	CUSTODY DATE	6-11-24	I.D. Case/No.	371739	37140			
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAYS			
	X								
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
[REDACTED]					moving to NY - Thursday				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER			
3X Feline	DSH DMH	F 8/12/24 L B/K-M	2-F 1-M	2mos	4#	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					
CUSTODY RECORD PREPARED BY					DATE				
SIGNATURE & TITLE Anna Farmer-Sec					6-11-24				
DISPOSITION OF ANIMAL					DATE				
Ethan X3					6-17-24				

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) 796-2483, P.O. Box 1163, Richmond, VA 23218.

Name [REDACTED] Date 6-11-24

Address [REDACTED]

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_ YES

Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_ YES

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

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 3.2-6548, 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 back.

Signature \_\_\_\_\_

TIME	2:53 AM PM	CUSTODY DATE	6/11/24	LB. Case No.	37142 37143
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	2				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[REDACTED]				4 like to be together "cheesestick" "cinnamon"	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
K9 x2	Husk/Pit x2	brn/bik x2	MX2	10m x2	15/16 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	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				6/11/24	
DISPOSITION OF ANIMAL				DATE	
Ethel				6/13/24	

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: [REDACTED] Date: 6/11/24

Address: [REDACTED] Telephone: [REDACTED]

Characteristics: Good with children Y Lived inside Outside Housebroken N

Disposition: Friendly Health: skinny Gets along well with other pets N/A

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

Signature \_\_\_\_\_

Danville Police Department    Danville Animal Control    Danville Area Humane Society    Pittsylvania Animal Control    Public

TIME	3:49 AM/PM	CUSTODY DATE	6-11-24	I.D. Case/No.	714
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]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Black/white	M	6-8 wks	1 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	None	None Det	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Ann Turner-Soc</i>					6-11-24
DISPOSITION OF ANIMAL					DATE
Ethel					6-17-24

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 Inside Housebroken No  
 Disposition \_\_\_\_\_ Health OK Gets along well with other pets Yes  
 Did you contact another shelter about this animal? No Why did they decline to accept? TA  
 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.



Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

TIME	352 AMPM	CUSTODY DATE	6-11-24	I.D. Case/No.	37145 37196
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]				Very Sickly	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2x Feline	DSH	Blk-white gray	F	6 wks	1#
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: Ann Jumea - SC				6-11-24	
DISPOSITION OF ANIMAL				DATE	
Ethan				6-18-24	

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 6-11-24  
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? PetC. Why did they decline to accept? PC wouldn't take  
Has the animal bitten or scratched a person or animal within the past 10 days? NO these

### 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 \_\_\_\_\_

Department	Danville Animal Control	Danville Area Humane Society	Pittsylvania Animal Control	Public
414 AM/PM	CUSTODY DATE	6-11-24	I.D. Case/No.	37147 37148

## REASON FOR CUSTODY (mark appropriate box)

Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				

## LOCATION WHERE CUSTODY WAS TAKEN

D.A.H.S.

Sunday 11AM

Need Rabies Shot

882 Cost

to pick these 2 up.

moving from burg VA.

## OWNER'S NAME &amp; ADDRESS (if known)

SPECIES	BREED	COLOR/MARKING
Canine	Lab Husky	Blonde w Tan

## ANIMAL IDENTIFICATION (complete)

CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO
None	None	None

## CUSTODY RECORD PREPARED BY

SIGNATURE &amp; TITLE

Ann Janner-see

## DISPOSITION OF ANIMAL

RTO X2

6-11-24

DATE

6-16-24

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 State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, VA 23218.

Name \_\_\_\_\_ Date 6-11-24

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Characteristics: Good with children yes Lived Inside/Outside yes Housebroken yesDisposition \_\_\_\_\_ Health OK Gets along well with other pets yesDid you contact another shelter about this animal? yes Why did they decline to accept? CalledHas the animal bitten or scratched a person or animal within the past 10 days? NO

Lots of shelter to see if they would take them. But no one would.


## 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 animal back.

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017				<b>ANIMAL CUSTODY RECORD</b> <small>This form 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.</small>			
CASE NO.	37149	CUSTODY DATE	10/12/24	TIME	9:25	AM <input checked="" type="radio"/> PM <input type="radio"/>	
<b>REASON FOR CUSTODY (mark appropriate box)</b>							
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		
1							
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>				<b>ADDITIONAL INFORMATION</b>			
				TRAP			
Telephone:							
<b>ANIMAL DESCRIPTION</b>							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Kelime	DSH	calico	F	1yr	7.55	6.5	
<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "None")</b>							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
None	None	None	None		None		
<b>CUSTODY RECORD PREPARED BY</b>					<b>DATE</b>		
391 					10/12/24		
SIGNATURE & TITLE							
<b>DISPOSITION OF ANIMAL</b>					<b>DATE</b>		
E-Ha					6-20-2021		

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 53.1-796.106.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

Danville Police Department    Danville Animal Control    Danville Area Humane Society    Pittsylvania Animal Control    Public

TIME	1:00 AM	CUSTODY DATE	6-12-24	I.D. Case/No.	37152
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
3					DAHS
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone:			Grey tabby - F Silver - F white - F		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline x3	DMH x3	Grey tabby/wht/silver	F x3	6 weeks	0.5 lbs
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 <i>Alco J. D. Decker</i>				6-12-24	
DISPOSITION OF ANIMAL				DATE	
<i>Ether</i>				6-17-24	

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 [REDACTED] Date 6/12/24  
 Address [REDACTED] Telephone [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 3.2-6546, 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 follow the adoption policies and procedures if I decide I want the animal.

Signature [REDACTED]

Denville Police Department

Denville Animal Control

Denville Area Humane Society

Pittsylvanis Animal Control

Public

TIME	1:00 AM <input checked="" type="checkbox"/> PM	CUSTODY DATE	6-12-24	I.D. Case/No.	37152 37153	cut
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
3						DAHS
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone:				Grey tabby - F Silver - F White - F		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline x3	DMH x3	Grey tabby/wht/silver	F x3	6 weeks	0.5 lbs	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		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE ACO I, D. Black					6-12-24	
DISPOSITION OF ANIMAL					DATE	
Ethen					6-12-24	

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

TIME	130	AM/PM	CUSTODY DATE	6-12-24	I.D. Case/No.	37153 37154
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	37155 37156 37157
	X					DAH
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]				To man 40 keep		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
1 4x Feline	DSH	torse ORGM 2 gny m f Tab	3F 2m	2 yds 2 wks	10# 1#	
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 ID.		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE				DATE		
Ann [Signature]				6/12/24		
DISPOSITION OF ANIMAL				DATE		
Etku				6/14/24		

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 YRS Lived Inside/Outside Lived Inside Housebroken YRS

Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets YRS

Did you contact another shelter about this animal? Yes Why did they decline to accept? Cost well full

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 animal back.

<b>Danville Police Department</b> <b>Animal Control Unit</b> <b>(434) 548-3017</b>	<b>ANIMAL CUSTODY RECORD</b> <small>This form shall be maintained 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.</small>
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CASE NO.	37158	CUSTODY DATE	6-12-24	TIME	1:50	AM / PM	PM
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REASON FOR CUSTODY (mark appropriate box)						CUSTODY NAME [REDACTED]
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
1						

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	Broken Back
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	Domst	Grey	M	2 years	8 lbs	

ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None	

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE	6-12-24
ACD I.D. Black PPH 522	

DISPOSITION OF ANIMAL	DATE
Ether	6-12-24

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 53.1-796.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017				<b>ANIMAL CUSTODY RECORD</b> <small>The Danville Police Department is authorized by § 3.1-796.105.B of the Code of Virginia.</small>			
CASE NO.	37159	CUSTODY DATE	6-12-24	TIME	1:50	AM <input checked="" type="checkbox"/> PM	
<b>REASON FOR CUSTODY (mark appropriate box)</b>							
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		
1							
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>				<b>ADDITIONAL INFORMATION</b>			
Telephone:							
<b>ANIMAL DESCRIPTION</b>							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
feline	DMH	Grey	F	2 years	0.2 lbs	tan	
<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")</b>							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	None	None			
<b>CUSTODY RECORD PREPARED BY</b>					<b>DATE</b>		
SIGNATURE & TITLE <i>ACO I.D. Blake PD# 372</i>					6-12-24		
<b>DISPOSITION OF ANIMAL</b>					<b>DATE</b>		
<i>Esther</i>					6-24-24		

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 § 3.1-796.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.



Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	2:26 AM/PM	CUSTODY DATE	6-12-24	I.D. Case/No.	37160				
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS			
NAME & ADDRESS (if known)						ADDITIONAL INFORMATION			
[REDACTED]						She's Not Able to Care for her No longer			
SPECIES		BREED		ANIMAL DESCRIPTION		LADY LILY Bug			
Canine	Boxer	COLOR/MARKINGS	Brown White	SEX	F	APPROX AGE	13 YRS	APPROX WEIGHT	OTHER
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						6-12-24			
DISPOSITION OF ANIMAL						DATE			
Ethen						6-13-24			

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to report 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 format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, VA 23216.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

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

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	2:45 AM/PM	CUSTODY DATE	6-12-24	I.D. Case/No.	37161
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]					Can't take care of her No longer
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Lab/Boxer	BK	SF	2 1/2 y	50#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					OTHER
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	[Redacted]	
CUSTODY RECORD PREPARED BY					
SIGNATURE & TITLE					DATE
[Signature]					6-12-24
DISPOSITION OF ANIMAL					DATE
[Signature]					6-14-24

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  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets yes  
 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 \_\_\_\_\_

**Danville Police Department****Animal Control Unit**

(434) 548-3017

**ANIMAL CUSTODY RECORD**

This form is used to record the custody of an animal. It is required by §3.1-798.105.B of the Code of Virginia.

CASE NO.

37162  
37163  
37164  
37165  
37166

CUSTODY DATE

6/13/24

TIME

10:10

AM PM

**REASON FOR CUSTODY (mark appropriate box)**

Stray

Owner  
Surrender

Seized

Bite Case

Transfer from  
other  
locality/facility

Other

5

**OWNER'S NAME & ADDRESS (if known)****ADDITIONAL INFORMATION**

Telephone:

**ANIMAL DESCRIPTION**

SPECIES

BREED

COLOR/MARKINGS

SEX

APPROX.  
AGEAPPROX.  
WEIGHT

OTHER

Feline<sup>xs</sup>DSH<sup>xs</sup>3x tabby  
1x gray tab  
1x black3F  
2M11yr  
48w1x 5lbs  
4x 3lbs

NONE

**ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")**CITY/COUNTY  
LICENSE NUMBERRABIES TAG  
NUMBER

TATOO

COLLAR  
(Color, type, etc.)

OTHER IDENTIFICATION (specify)

NONE

NONE

NONE

NONE

NONE

**CUSTODY RECORD PREPARED BY**

DATE

SIGNATURE &amp; TITLE

6/13/24

**DISPOSITION OF ANIMAL**

DATE

Ethen<sup>xs</sup>

6/14/24

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 §3.1-798.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

Danville Police Department    Danville Animal Control    Danville Area Humane Society    Pittsylvania Animal Control    Public

TIME 12<sup>05</sup> AM/PM    CUSTODY DATE 6-13-24    I.D. Case/No. 37767  
37168

REASON FOR CUSTODY (mark appropriate box)

Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	<u>X</u>				

LOCATION WHERE CUSTODY WAS TAKEN

DASH

37168  
37170

OWNER'S NAME & ADDRESS (if known)

[Redacted]

ADDITIONAL INFORMATION

Health Problem

From Canine Humane Society - Bella 34

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
<u>4x Canine</u>	<u>GShep</u>	<u>TR</u>	<u>2M</u> <u>3F</u>	<u>5yrs</u> <u>2yrs</u>	<u>70</u>	<u>None</u>

ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")

CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
<u>NONE</u>	<u>None</u>	<u>None</u>	<u>None</u>	<u>None det.</u>

CUSTODY RECORD PREPARED BY

SIGNATURE & TITLE Cenn Jarman - sec

DISPOSITION OF ANIMAL

Ether

DATE 6-13-24

DATE 6-9-24

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 \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Date 6-13-24

Characteristics: Good with children OK

Disposition Health Good

Lived Inside/Outside Housebroken Yes

Gets along well with other pets Yes

Did you contact another shelter about this animal? HALK

Why did they decline to accept? Not Both

Has the animal bitten or scratched a person or animal within the past 10 days? Never

Call P.C. they Full

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 follow the adoption policies and procedures if I decide I want the animal.

Signature \_\_\_\_\_

TIME	12 <sup>35</sup> AM/PM	CUSTODY DATE	6-13-24	I.D. Case/No.	37171
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
Telephone: unknown					DAUGHTER found TRAP
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	gray/white	F	12wk	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: Anne Turner - Soc					6-13-24
DISPOSITION OF ANIMAL					DATE
TRF					8-20-24

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 Department of Agriculture in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, Richmond, VA 23218.

Address:

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? Pet Center  
 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.

Signature \_\_\_\_\_

TIME	1242 AM PM	CUSTODY DATE	6-13-24	I.D. Case/No.	37172
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	
Telephone: unknown				3600 found on side of Road	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
Canine	Hound	Brown	M	8wks	20#
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	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Ann Farmer Sec				6-13-24	
DISPOSITION OF ANIMAL				DATE	
Adopted				6-18-24	

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, 1000 North 10th Street, Richmond, VA 23218.

Address

Date 6-13-24

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? 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.

Signature

TIME	156	AM/PM	CUSTODY DATE	6-13-24	I.D. Case/No.	37173	Public
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			
[Redacted]				They found these 2 about 2 weeks ago. They decided they can't keep them.			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
2x Canine	Great Pyrenees	Tan/Blk	MM	5 mos.		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 ID +			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>Anna Turner-Soc</i>						6-13-24	
DISPOSITION OF ANIMAL						DATE	
<i>E+L</i>						6-19-24	

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 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: 6/13/24  
 Address: [Redacted]  
 Telephone: [Redacted]

Characteristics: Good with children Yes Lived Inside/Outside Housebroken  
 Disposition Health Gets along well with other pets Yes  
 Did you contact another shelter about this animal? Called w/ Why did they decline to accept? Full  
 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.

Signature \_\_\_\_\_

TIME	421 AM/PM	CUSTODY DATE	6-13-24		I.D. Case/No.	37175
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		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	gray/white	M	2yrs	10#	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 Det.		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>Anna Turner Sec</i>					6-13-24	
DISPOSITION OF ANIMAL					DATE	
Euth 1/2cc					7-2-24	

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 Housebroken

Disposition \_\_\_\_\_ Health Gets along well with other pets yes

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? 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 am required to follow the adoption policies and procedures if I decide I want the animal.



Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
5:20 AM/PM		CUSTODY DATE		6-13-24		I.D. Case/No.		371767 37197	
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				
[REDACTED]					CAN'T Keep				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
2x Feline	DSH	breg Cream white		N 1M	1 mos 2 1/2 yrs	10#			
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 19 et				
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE <u>Ann Jaime Sec</u>						6-13-24			
DISPOSITION OF ANIMAL						DATE			
RTU						6-14-24			

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 Not sure Lived Inside/Outside Lived Housebroken Yes

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 animal back.

Signature [REDACTED]

Danville Police Department    Danville Animal Control    Danville Area Humane Society    Pittsylvania Animal Control    Public

TIME	1030	AM/PM	CUSTODY DATE	6-14-24	I.D. Case/No.	3179
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	X					DAHS
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]						
Telephone: _____						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
felus	DH	Black	F	5W	1#	
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 [Signature]				6-14-24		
DISPOSITION OF ANIMAL				DATE		
[Signature] [Signature] [Signature]				6-14-24		

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 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 animal back.

Signature \_\_\_\_\_

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> <small>This form is required by § 3.1-796.106.B of the Code of Virginia.</small>
--	--

CASE NO.	37180 37179	CUSTODY DATE	6-14-24	TIME	6:11	AM <input checked="" type="checkbox"/> PM
----------	----------------	--------------	---------	------	------	---

REASON FOR CUSTODY (mark appropriate box)						Stokes St
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
2						

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
Telephone:	Caught in trap

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DMH	Blk	M	2 months	3 lbs	
		Blk/whr	F	2 months	3 lbs	

ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")				
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
None	None	None	None	None

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <i>RO I.D. Black PPH 372</i>	6-14-24

DISPOSITION OF ANIMAL	DATE
<i>Ethel</i>	6-20-24

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 § 3.1-796.106.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	2:30 AM/PM	CUSTODY DATE	6-14-24	I.D. Case/No.	37181 37183				
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAYS			
	X								
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
Telephone:									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
3x feline	DSH	Gr. Tabby	2F 1M	18 wk	3 1/2				
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									
SIGNATURE & TITLE					DATE				
Mary E. Burt					6-14-24				
DISPOSITION OF ANIMAL					DATE				
Ethen					6-17-24				

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, 1100 North 11th Street, 1100, Richmond, VA 23218.

Address

Date 5/14/2024

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.

TIME	12.30 AM/PM	CUSTODY DATE	6-14-24	I.D. Case No.	37184 37186 37185- Adopt	
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			
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
2 K-9 Feline	BRAHMA/Thai DSH	Tri/Brown Green	M F	15m 15m	20 16	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
✓	✓	✓	✓	✓		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE <i>Mary E Butts</i>				6-12-24		
DISPOSITION OF ANIMAL				DATE		
Adopted				9-5-24		

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) 758-2222.

Address

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken yes  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 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 3.2-8546, 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 animal back.

Signature \_\_\_\_\_

TIME	12.30 AM/PM	CUSTODY DATE	6.14.24	I.D. Case/No.	37184 37186 37185	
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			
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
K-9 Feline	Bengal/Tabby DSH	Tri/Black Green	M F	15m 15m	20 6	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 Det		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>Mary E. Butcher</i>					6.12.24	
DISPOSITION OF ANIMAL					DATE	
Euth LCC					7-2-24	

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) 726-2483, P.O. Box 1163, Richmond, VA 23216.

Name: \_\_\_\_\_ Date: 6-19-24  
 Address: \_\_\_\_\_  
 Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken yes  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 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 3.2-8546, 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 \_\_\_\_\_

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	12.45 - AM/PM	CUSTODY DATE	6-14-21	I.D. Case/No.	37187	37188	37189		
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAMS			
	<input checked="" type="checkbox"/>								
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
[REDACTED]									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER			
3 K-9	P.H	Tri	M	3y13	70				
				142 lb	30				
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									
SIGNATURE & TITLE Mary E. Burt								DATE 6-14-21	
DISPOSITION OF ANIMAL								DATE	
Eutha								6-17-21	

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) 788-2483, 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? 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.

Signature \_\_\_\_\_

TIME	3:35 AM/PM	CUSTODY DATE	6-14-24	I.D. Case/No.	37130 37131
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]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
K-9	Chiv m.	Black White Grey White	F	1	10# 12#
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 <i>Mary E. Burns</i>					6-14-24
DISPOSITION OF ANIMAL					DATE
<i>Ethel</i>					6-15-24

This form may be used by animal control officers, caretakers 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		4:00 AM/PM		CUSTODY DATE		6-14-24		ID. CLIP		37192	
REASON FOR CUSTODY (mark appropriate box)								LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAH S					
	✓										
OWNER'S NAME & ADDRESS (handwritten)								ADDITIONAL INFORMATION			
Telephone: (handwritten)											
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
K-9	Cairn Bull Terrier	BLACK		M	9mth	50	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					
CUSTODY RECORD PREPARED BY								DATE			
SIGNATURE & TITLE: Mary E. Burchett								6-14-24			
DISPOSITION OF ANIMAL								DATE			
Euth LCC								7-2-24			

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? 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

Signature \_\_\_\_\_

TIME	930 AM/PM	CUSTODY DATE	6-15-24	I.D. Case/No.	37193
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[Redacted]				CIT	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DMK	gray & white	F?	6 mos	5#
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]					6-15-24
DISPOSITION OF ANIMAL					DATE
Euth					6-20-24

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 report shall be maintained for a minimum of 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

X 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 4. 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	11:00 AM/PM	CUSTODY DATE	6-15-24	I.D. Case/No.	3794
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]				Owner released to police officer couldn't keep Name: Jerry	
Telephone: [Redacted]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
canine	beeler X	tri colored	M	2 yrs	30#
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	green camo	None detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE [Signature]				6-15-24	
DISPOSITION OF ANIMAL				DATE	
[Signature]				6-15-24	

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 State of Michigan. 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 6. 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	1030 AM	CUSTODY DATE	6-15-24	I.D. Case/No.	37195
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
				DBHS	
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
X [Redacted] Telephone: [Redacted]			brought to us by passerby to prevent being shot by "old lady" female in heat		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2x Canine	terrier X	tricolor black & white	F	2 yrs	20#
			M	4 mos	10#
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	pink purple	None detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE [Signature]					6-15-24
DISPOSITION OF ANIMAL					DATE
Adopted					7-16-24

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.

X Sign [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 \_\_\_\_\_

TIME	1030 <sup>AM</sup> PM	CUSTODY DATE	6-15-24	I.D. Case/No.	37195
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					DBHS
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
X [Redacted]			brought to us by passerby to prevent being shot by "ok lady" female in heat		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
2X Canine	terrier X	tri color black & white	F	2 yrs	20 lbs
			M	4 mos	10 lbs
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	pink purple	NONE detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				6-15-24	
DISPOSITION OF ANIMAL				DATE	
Ethe				6-27-201	

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 submitted and attached to the animal's permanent identification record. 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.

X [Redacted] 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 3.2-8546, 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	145 AM/PM		CUSTODY DATE		6-15-24		ID. Case/No.	37197 37198	
REASON FOR CUSTODY (mark appropriate box)							LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		37205 37201 37202		
	X						DAHS		
OWNER NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
[REDACTED]									
Telephone									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
6 Cat	DSH 1 DMH	gray wh-3-r			4-14 2-2wks	4-5# 2-1#			
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							6-15-24		
DISPOSITION OF ANIMAL							DATE		
Ethen X6							6-17-24		

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 submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the State 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 this 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 \_\_\_\_\_

CITY/STATE LICENSE DEPARTMENT		LIVESTOCK ANIMAL CONTROL		DAKOTA AREA HUMANE SOCIETY		PITTSBURGH ANIMAL CONTROL		PUBLIC	
TIME	4:00 AM	CUSTODY DATE	6-15-24	LD. CASE No.	37203	37205	37206		
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN					
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DASH			
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION					
[REDACTED]				[REDACTED]					
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
4x feline	3-DSH 1-DOCK	BLK M-4 WKS 3-4 WKS 3-4 WKS 3-4 WKS	2-M	1-4 WKS	1 #				
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]				6-15-24					
SIGNATURE & TITLE				DISPOSITION OF ANIMAL					
[Signature]				10-21-24					

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 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 Good with children Lived inside/outside Housebroken  
 Health Good 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? \_\_\_\_\_

## 48

**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	6-15-24	I.D. Case/No.	37208 37209
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		
Telephone:			Red is all white necks is black & white		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2 Rats	Rats	Black/white white		8 months	1 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)	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				6-15-24	
DISPOSITION OF ANIMAL				DATE	
Euth				6-15-24	

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. Information on this form is to be summarized and submitted to the State Veterinarian's Office. If the form may be directed to the State Veterinarian's Office.

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Lived inside home? \_\_\_\_\_  
 Cells along with other pets? \_\_\_\_\_  
 Why did they decline to accept? \_\_\_\_\_  
 Has the animal been in a pound or animal within the past 10 days? \_\_\_\_\_

### STATEMENTS OF SURRENDER

I own the above described animal and I relinquish custody to the Danville Area Humane Society.

Or

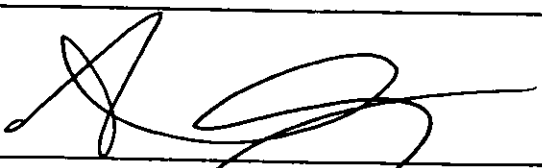

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. 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 \_\_\_\_\_

**Danville Police Department**  
**Animal Control Unit**  
**(434) 548-3017**

**ANIMAL CUSTODY RECORD**

This form provides all mandated information as required by  
 §3.1-796.106.B of the Code of Virginia.

<b>CASE NO.</b>	37210	<b>CUSTODY DATE</b>	6/17/24	<b>TIME</b>	12:03 AM / PM
<b>REASON FOR CUSTODY (mark appropriate box)</b>					<b>LOCATION WHERE CUSTODY WAS TAKEN</b>
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
1					
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>					<b>ADDITIONAL INFORMATION</b>
					TRAP
Telephone:					
<b>ANIMAL DESCRIPTION</b>					
<b>SPECIES</b>	<b>BREED</b>	<b>COLOR/MARKINGS</b>	<b>SEX</b>	<b>APPROX. AGE</b>	<b>APPROX. WEIGHT</b>
Feline	DSH	BLK	F	1yr	7lbs
<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")</b>					
<b>CITY/COUNTY LICENSE NUMBER</b>	<b>RABIES TAG NUMBER</b>	<b>TATOO</b>	<b>COLLAR (Color, type, etc.)</b>	<b>OTHER IDENTIFICATION (specify)</b>	
NONE	NONE	NONE	NONE	NONE	
<b>CUSTODY RECORD PREPARED BY</b>					<b>DATE</b>
 391					6/17/24
<b>DISPOSITION OF ANIMAL</b>					<b>DATE</b>
					6-25-24

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 §3.1-796.106.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

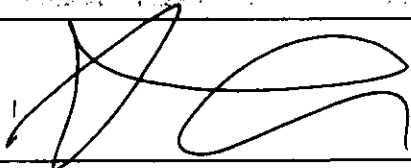
<b>Danville Police Department</b> <b>Animal Control Unit</b> <b>(434) 548-3017</b>	<b>ANIMAL CUSTODY RECORD</b> <small>This form records all mandated information required by §3.1-796.105.B of the Code of Virginia.</small>
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CASE NO.	37211	CUSTODY DATE	6/17/24	TIME	12:30	AM / PM	PM
----------	-------	--------------	---------	------	-------	---------	----

REASON FOR CUSTODY (mark appropriate box)						CUSTODY HAS BEEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
1						

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	Mr. Lowe is interested in adopting
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	Calico	F	8 wk	3 lbs	none
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
none	NONE	None	None	None		

CUSTODY RECORD PREPARED BY	DATE
 391	6/17/24
SIGNATURE & TITLE	

DISPOSITION OF ANIMAL	DATE
Ethel	6/18/24

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 §3.1-796.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

**Danville Police Department**  
**Animal Control Unit**  
**(434) 548-3017**

**ANIMAL CUSTODY RECORD**

This form must be filled out in accordance with 53.1-796.105.B of the Code of Virginia.

CASE NO.

37212

CUSTODY DATE

6/17/24

TIME

12:30

AM

PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

Stray

Owner  
Surrender

Seized

Bite Case

Transfer from  
other  
locality/facility

Other

1

Riverside  
Astoria

OWNER'S NAME &amp; ADDRESS (if known)

ADDITIONAL INFORMATION

Sick

Telephone:

**ANIMAL DESCRIPTION**

SPECIES

BREED

COLOR/MARKINGS

SEX

APPROX.  
AGEAPPROX.  
WEIGHT

OTHER

Feline

DSH

BTR

F

BLACK

21bs

NONE

ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")

CITY/COUNTY  
LICENSE NUMBERRABIES TAG  
NUMBER

TATOO

COLLAR  
(Color, type, etc.)

OTHER IDENTIFICATION (specify)

NONE

NONE

NONE

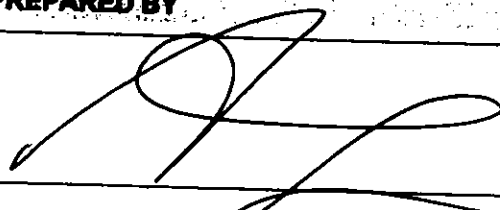
NONE

NONE

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE &amp; TITLE



291

6/17/24

DISPOSITION OF ANIMAL

DATE

ETHU

6/17/24

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 53.1-796.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

TIME 2:45 AM/PM		CUSTODY DATE 6-17-24		ID. Case/No. 37213	
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]				Doberman Pinscher	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DMH	Singapore	M	4y 6mos	20#
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	[Redacted]	
CUSTODY RECORD PREPARED BY					
SIGNATURE & TITLE Ann Turner-Sor				6-17-24	
DISPOSITION OF ANIMAL					
Adopted				6-17-24	

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 6-17-24

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken YES +  
 Disposition \_\_\_\_\_ Health NO \_\_\_\_\_ Gets along well with other pets YES  
 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? 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.

Signature \_\_\_\_\_

TIME	2:47 AM	CUSTODY DATE	6-17-24	I.D. Case/No.	3214
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone: <u>Under</u>				Found near his house	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	ORG	F	3 wks	
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 <u>Ann Jaume - Sec</u>					6-17-24
DISPOSITION OF ANIMAL					DATE
<u>Ethan</u>					6-17-24

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) 693-2463, P.O. Box 1163, Richmond, VA 23218.

Name: [Redacted] Date: 6-17-24  
 Address: [Redacted] Telephone: N/A  
 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? NO

STATEMENTS OF SURRENDER

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

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 4. 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 to want the above-described animal back.

Signature \_\_\_\_\_

TIME	3:06 AM PM	CUSTODY DATE	6-17-24	I.D. Case/No.	37215
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 NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[REDACTED]				TO Be Euth Very Old & Sick	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	B/K	SF	14 YRS	12#
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	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Anna Turner - Sec</i>					6-17-24
DISPOSITION OF ANIMAL					DATE
Euth					6-17-24

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 WOS Housebroken YES

Disposition Sick Health POOR Gets along well with other pets YES

Did you contact another shelter about this animal? N/A 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.

Signature \_\_\_\_\_

TIME	415 AM/PM	CUSTODY DATE	6-17-24		I.D. Case/No.	37216	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[REDACTED]				P.D. Brought in gave value			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Pit	BRN/WH BTK-White	F	8 WKS	20#	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 Det			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE						6-17-24	
DISPOSITION OF ANIMAL						DATE	
Euth 6CC						7-9-24	

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 Ok Iasser PD 9/19

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	10:20 AM/PM	CUSTODY DATE	6-18-24	ID. Case No.	372175 372178
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	
				3rd Ave Sound Bothin Bad Shape	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
24 Canine	Pit	BLACK BROWN	F	5yrs	20#
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	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Ann Turner - Sec</i>				6-18-	
DISPOSITION OF ANIMAL				DATE	
Ethy				6-19-24	

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 report 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) 225-2400/2401, P.O. Box 1400, Richmond, VA 23218.

Name: [REDACTED]  
Address: [REDACTED]  
Telephone: [REDACTED]

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_  
Disposition \_\_\_\_\_ Health *poor w/* \_\_\_\_\_ 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? *NO*

#### 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 \_\_\_\_\_

TIME		10:20 AM/PM		CUSTODY DATE		6-18-24		I.D. Case/No.		37217A	
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					
						3rd Ave Sound Both in Bad Shape					
Telephone:											
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
24 Canine	Pit	BLACK & BROWN		F	5yrs		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					
CUSTODY RECORD PREPARED BY										DATE	
SIGNATURE & TITLE <i>Ann Turner - Sec</i>										6-18-	
DISPOSITION OF ANIMAL										DATE	
TRF										7-18-24	

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. (800) 552-2210 or (804) 781-2210.

Address: [REDACTED] Date: [REDACTED]

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_  
Disposition \_\_\_\_\_ Health *poor* \_\_\_\_\_ 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? *NO*

#### STATEMENTS OF SURRENDER

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

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	10:00	AM/PM	CUSTODY DATE	6-18-24	LD. Case/No.	37919
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
					Shelter	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone: Unknown				Trap Feral Co-Resident		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	Dsth	Black	M	2YR	10#	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		
CUSTODY RECORD PREPARED BY:					DATE	
SIGNATURE & TITLE Ann Turner-Sec					6-18-24	
DISPOSITION OF ANIMAL					DATE	
Ethe					6-18-24	

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 submitted 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) 788-6666, P.O. Box 1163, Richmond, VA 23218.

Name: [Redacted] Date: [Redacted]

Address: [Redacted] Telephone: [Redacted]

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside Outside Housebroken \_\_\_\_\_

Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_

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

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: [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 6. 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	9	AM/PM	CUSTODY DATE	6-18-24	I.D. Case/No.	37220
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	✓				Shelter	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[Redacted]				Echo		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	Black/white	N-M	4 yrs		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
NU	None	None	None	None detected		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>Mary J. [Signature]</i>					6-18-24	
DISPOSITION OF ANIMAL					DATE	
Eth					6-19-24	

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 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: 6-18-24  
Address: [Redacted] Telephone: [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? ☒ No Why did they decline to accept? *Not a pure breed*  
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 \_\_\_\_\_

Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	12 <sup>30</sup> AM/PM	CUSTODY DATE	6-18-24	I.D. Case/No.	37221	37222	
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			
[REDACTED]				Can't Keep No Longer Both are sibling			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
2 Feline	DSH	BLK	F	8wks	1#	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 else			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>Corn Turner</i>						6/18/24	
DISPOSITION OF ANIMAL						DATE	
<i>Ether</i>						6/20/24	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane inspectors 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: 6/18/24  
Address: [REDACTED] Telephone: [REDACTED]

Characteristics: Good with children yes Lived Inside/Outside Housebroken Somewhat  
Disposition OK Health OK Gets along well with other pets yes  
Did you contact another shelter about this animal? NO Why did they decline to accept? NO  
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 [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 4. 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

Signature [Signature]

TIME	<u>B 30</u> AM/PM	CUSTODY DATE	<u>6-18-24</u>	I.D. Case/No.	<u>Cassidy 37233</u>
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	<u>X</u>				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[REDACTED]				2 Adults    Sun is in Je 16 puppies    8 to Can't keep these	
DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
<u>Canine</u>	<u>Pits</u>	<u>White body</u>	<u>F</u>	<u>2 yrs</u>	<u>25#</u>
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLAR	OTHER IDENTIFICATION	
<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>	
SIGNATURE & TITLE					
<u>Ann Kimer Sec</u>					
DISPOSITION OF ANIMAL					
<u>Ethn</u>					

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 provided by the owner of the animal. Information shall be maintained at the place of capture or seizure.

On 6-18-24 at Danville with owner    Lived inside    Housebroken Yes  
 Disposition Health    Gets along well with other pets Yes  
 Did you contact another shelter about this animal? YES    Why did they decline to accept? Had to pay County  
 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 4. 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

X Sign \_\_\_\_\_  
 [REDACTED]

TIME		11 <sup>50</sup> AM/PM		CUSTODY DATE		6-19-24		I.D. Case/No.		37243	
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					
[REDACTED]						[REDACTED]					
ANIMAL DESCRIPTION <i>Miley</i>											
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER					
Canine	Terrier	TRI	F	2wk	2#						
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")											
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (if any)							
None	None	None	None	[REDACTED]							
CUSTODY RECORD PREPARED BY											
SIGNATURE & TITLE <i>Ann Juma Sec</i>										DATE	
										6-19-24	
DISPOSITION OF ANIMAL											
Adopted										DATE	
										6-20-24	

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 NO

Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets NO

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.

Signature \_\_\_\_\_

TIME	1250	AM/PM	CUSTODY DATE	6-19-24	I.D. Case/No.	37244 72450
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DASH
	X					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]				To Be Euth Health issue - P-F		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
2x Canine	Shitzu Pitx	white/bk Bk	M F	6 YR 8 mo	15# 25#	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 Det		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE Ann Farmer-Soc					6-19-24	
DISPOSITION OF ANIMAL					DATE	
Euth					6-19-24	

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 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) 785-2453, P.O. Box 1463, Richmond, VA 23218.

Name [REDACTED] Date 6-19-24  
 Address [REDACTED] phone [REDACTED]  
 Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_ NO  
 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 - but it been 2 mos

### 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 animal.

Signature [REDACTED]



TIME	1:15 AM/PM	CUSTODY DATE	6-19-24	I.D. Case/No.	3-246 3-247
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 brought it	
ANIMAL DESCRIPTION				1- Jeffe 2-head-man	
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2x Canine	Pit	BRN/BLACK BLK-white	M	Jeff-1 8 mos	50# 40#
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 det	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Ann Turner-Sec</i>				6-19-24	
DISPOSITION OF ANIMAL				DATE	
Ethen				6-20-24	

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 reported 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 6-19-24

Address \_\_\_\_\_ Telephone 934 323-828

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken NO

Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets Yes

Did you contact another shelter about this animal? Yes Why did they decline to accept? HAVE A

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

Signature \_\_\_\_\_

DANVILLE FURBER DEPARTMENT		DANVILLE ANIMAL CONTROL		DANVILLE AREA HUMANE SOCIETY		PITTSYLVANIA ANIMAL CONTROL		Public	
TIME	AM/PM	CUSTODY DATE	6-19-24			I.D. Case/No.	37248 37249		
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			
[REDACTED]						The grandmother is not able to keep these 2 dogs.			
						F-COCO M-CHICO			
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
2 Canine	G. Shep	TRI		5 F M	20yrs	80#			
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 D +				
CUSTODY RECORD PREPARED BY:									
SIGNATURE & TITLE <i>Ann Turner-Soc</i>						DATE 6-19-24			
DISPOSITION OF ANIMAL									
Ethel						DATE 6-20-24			

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Name \_\_\_\_\_ Date 6-19-24

Address \_\_\_\_\_ Telephone 434-441-2098

Characteristics: Good with children OK Lived Inside/Outside Housebroken NO  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets yes  
 Did you contact another shelter about this animal? NO Why did they decline to accept? NI  
 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

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Signature \_\_\_\_\_

TIME	4	AM/PM	CUSTODY DATE	6-19-24	LD. Case No.	37250 7251
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DA HS 37253 37254
	X					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]				CAN'T Keep all these No longer		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
Feline	DSH	8/24 Blk-white-2 3 yellow	3M 2F			
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 De		
CUSTODY RECORD PREPARED BY						DATE
SIGNATURE & TITLE <i>Ann Isuma Soc</i>						6-19-24
[REDACTED]						DATE
[REDACTED]						6-23-24

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 submitted and submitted annually to the State Veterinarian in the proper format. For more information regarding this form, please contact the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, VA 23216.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_ Yes

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? \_\_\_\_\_ Yes

### 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 3.2-8546, subsection D, subdivisions 1 through 4. 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 animal back.

Signature \_\_\_\_\_

TIME		AM/PM	CUSTODY DATE		I.D. Case/No.	
4			6-19-24		37250 37251	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	375 24/6/24
	X					DA HS 37253 37254
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]				CAN'T Keep all these no longer		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	Gray white 2 yellow	3M 2F			
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 Det		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE Ann Jauma-Sac					6-19-24	
DISPOSITION OF ANIMAL					DATE	
Ethel					6-23-24	

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 should be directed to 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 \_\_\_\_\_ Yes

Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_ Yes

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? \_\_\_\_\_ Yes

### 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	3:20 AM/PM	CUSTODY DATE	6-19-24	ID. Case/No.	37260
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]				Sick Seen At A/V C PRADO	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pit	gray white	M	7 mos	35#
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	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE Ann Farmer-Sec					6-19-24
DISPOSITION OF ANIMAL					DATE
Ethel					6-1-24

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? NO Why did they decline to accept? 1/4

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.

Signature \_\_\_\_\_

TIME	3:50 AM/PM	CUSTODY DATE	6-19-24	ID. Case/No.	37261	37262
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	X					DAHS
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]				Can't keep no longer M-Sp: KeBik M Tan Kyo JR- Acknes		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
3x Canine	2 Choc X JR	BLACK < WHISK/BRN	N-B M SF	14 yr	15#	
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>Aimee Turner Soc</i>				6-19-24		
DISPOSITION OF ANIMAL				DATE		
Ethel				6-21-24		

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.

TIME	3:50 AM/PM	CUSTODY DATE	6-19-24	I.D. Case/No.	37261 3762	entn
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	X					DAHS
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]				Can't keep No longer M-Spike BIK M Tan Kyjo JR-ackues		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
3x Canine	Chic x JR	BLACK & WHITE/BRN	N.B. M SF	14y	12# 15#	
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>Anna J. Lunsford</i>					6-19-24	
DISPOSITION OF ANIMAL					DATE	
Ethi					6-20-24	

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 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 YES

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? 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.

Signature \_\_\_\_\_

TIME	600 AM <u>PM</u>	CUSTODY DATE	6-19-24	I.D. Case/No.	37273
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
10	1 P. H	Grey	F	2 1/2	30#
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	Red collar on neck	none detected	
CUSTODY RECORD PREPARED BY				DATE	
Signature: <u>AY</u>				6-19-24	
DISPOSITION OF ANIMAL				DATE	
Sent to GCL				7-5-24	

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		AM/PM		CUSTODY DATE		6-19-24		I.D. Case/No.		37097	
REASON FOR CUSTODY (mark appropriate box)								LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	3551 Westover Dr					
	1										
OWNER'S NAME & ADDRESS (if known)						ADDITIONAL INFORMATION					
[Redacted]						Sick + caretaker was watching					
Telephone:											
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
Canine	pit	Tan		F							
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 <i>Mary G. [Signature]</i>								6-19-24			
DISPOSITION OF ANIMAL								DATE			
Euth								6-21			

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 3.2-8546, 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 \_\_\_\_\_

Signature \_\_\_\_\_

TIME	10 <sup>20</sup> AM/PM	CUSTODY DATE	6-20-24	LD. Case/No.	37264
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 said got from friend in Martinsville she had dog 1 week Dog is Very Aggressive Dog tried to Bite her & her children	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	J. Russell	Black-White	M	1 yr.	20#
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	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Ann Jarman Sec				6-20-24	
DISPOSITION OF ANIMAL				DATE	
Etkes				6-20-24	

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 inspection and copying on request. Information on this form shall be 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: 6-20-24  
 Address: [REDACTED] Telephone: [REDACTED]  
 Characteristics: Good with children NO Lived inside/outside Outside Housebroken Somewhat  
 Disposition Not sure Health Not sure Gets along well with other pets Not sure  
 Did you contact another shelter about this animal? NO Why did they decline to accept? N/A  
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

#### STATEMENTS OF SURRENDER

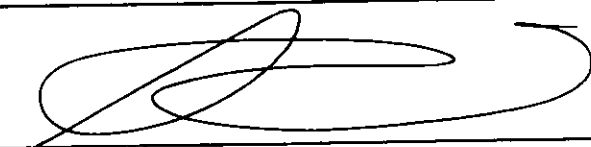
I do not own the above described animal and I relinquish custody to the Danville Area Humane Society.

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 \_\_\_\_\_

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017				<b>ANIMAL CUSTODY RECORD</b> <small>This form is required by § 3.1-796.105.B of the Code of Virginia.</small>			
CASE NO.	37265	CUSTODY DATE	6/20/24	TIME	10	2 <sup>AM</sup> / PM	
REASON FOR CUSTODY (mark appropriate box)					CUSTODY BY (Name)		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		
1							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Feline	DSH	gray tab	F	8wks	21lb	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
None	None	None	None		None		
CUSTODY RECORD PREPARED BY					DATE		
					6/20/24		
SIGNATURE & TITLE							
DISPOSITION OF ANIMAL					DATE		
Ethen					6/18/24		

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 § 3.1-796.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

TIME	10:05 (AM/PM)	CUSTODY DATE	6-20	I.D. Case No.	37266 37267
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	
Unkn.				owner put in Drop OFF	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
ix feline	4-DSH 1-DMH	gray Tabby	3M 2F	8wks	1#
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				6-20-24	
DISPOSITION OF ANIMAL				DATE	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, 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 submitted 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 \_\_\_\_\_

Danville Police Department    Danville Animal Control    Danville Area Humane Society    Pittsylvania Animal Control    Public

8:58 (AM) PM		6/20/24		ID Case No. 31271 31272	
LOCATION				CUSTODY	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	2				
1468 Maple Ave					
Telephone:			"Diablo" "Zoey"		
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
K9	1x pit mix 1x lab/schmutzer mix	1x tri 1x brn	M F	2x2yrs	1x40lb 1x30lb
CITY/COUNTY	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	black / pink	None	
SIGNATURE & TITLE				6/20/24	
Ethan				6/26/24	

This form is to be filled out 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) 788-2453, P.O. Box 1163, Richmond, VA 23218.

Name: [Redacted] Date: 6/20/24  
Address: [Redacted] Telephone: [Redacted]

Characteristics: Good with children yes Lived inside/outside outside Housebroken yes  
Disposition friendly Health good Gets along well with other pets yes  
Did you contact another shelter about this animal? N Why did they decline to accept?   
Has the animal bitten or scratched a person or animal within the past 10 days? N

### 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	8:58 (AM/PM)		CUSTODY DATE	6/20/24		I.D. Case/No.	37271 ear 37272	
REASON FOR CUSTODY (mark)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other			
	2							
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION			
[REDACTED]					"Diablo" "Zoey"			
Telephone:								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
K9 XL	1x pit Mix 1x lab/schmutz mix	1x tri 1x brn	M F	2x2yrs	1x 90lb 1x 30lb	NONE		
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)			
NONE	NONE	NONE	black / pink		None			
SIGNATURE & TITLE						6/20/24		
[Signature]						7-23-24		

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) 788-2483, P.O. Box 1163, Richmond, VA 23218.

Name: [REDACTED] Date: 6/20/24

Address: [REDACTED] Telephone: [REDACTED]

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

### 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	12 <sup>20</sup> AM PM	CUSTODY DATE	6-20-24	ID. Case No.	37274 37275
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]				1- Adult these were under their house so they kept until ready to bring	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Tort-1 Blk-2	F	1yrs 6wks	24 1#
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 <i>Anna Turner-Sec</i>				6-20-24	
DISPOSITION OF ANIMAL				DATE	
Ethen				6-20-24	

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 Director of the State Veterinarian, (804) 788-2488, P.O. Box 1163, Richmond, VA 23218.

Name: [REDACTED] Date: 6-20-24

Address: [REDACTED]

Characteristics: Good with children YES Lived Inside/Outside Housebroken NO

Disposition Health Gets along well with other pets YES

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

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	AM/PM	CUSTODY DATE	6-20-24			LD. Case No.	37277
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter	
K							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone:				Main St. Sickly			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
10	IR/chix	Gray	F	10 yrs	15#		
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	-						
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>Ann Turner-Sec</i>						6-20-24	
DISPOSITION OF ANIMAL						DATE	
Euth						6-20-24	

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 submitted 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: 6/20/24  
Address: [REDACTED] Telephone: [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? 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: [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 \_\_\_\_\_



TIME	230 AM/PM	CUSTODY DATE	6-20-24	ID. Case/No.	37278
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone: UNKNOWN					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pit	Black/white	F	3-5/13	50#
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	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Ann Turner Sec				6-20-24	
DISPOSITION OF ANIMAL				DATE	
Euth LCC				7-2-24	

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 confidential 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, 1000 North 1st Street, 4th Floor, Richmond, VA 23218.

Name: [Redacted] Date: 6-20-24

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? \_\_\_\_\_

#### STATEMENT OF SURRENDER

I do not own the animal and I wish 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	2:00 AM/PM	CUSTODY DATE	6-24-22	I.D. Case/No.	37279 37280
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
X					Shelter
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
			Darker Rd in Kingsland		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
WDP	P-1+X	Black & white	2F	6 mos	304
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					DATE
DISPOSITION OF ANIMAL					DATE
E+H					6-24-24

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 Director of the State Veterinarian, (804) 293-2100, 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? 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 \_\_\_\_\_ 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	AM/PM	CUSTODY DATE	6-20-24	ID. Case/No.	37284
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		
Telephone:			Curry		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Orange			
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>Ann Amusee</i>					6-20-24
DISPOSITION OF ANIMAL					DATE
Etha					6-28-24

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 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 each 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 3.2-8546, 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 acknowledge that I will be required to follow the adoption policies and procedures if I decide to want the above-described animal back.


Signature \_\_\_\_\_

**Danville Police Department**  
**Animal Control Unit**  
**(434) 548-3017**

**ANIMAL CUSTODY RECORD**

*This form contains all mandated information as required by §3.1-796.105.B of the Code of Virginia.*

CASE NO.	37289	CUSTODY DATE	6/21/24	TIME	3:45 AM (PM)	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
1						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
				+ possibly abandoned		
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
K9	lab Mix	blk	F	5m	25lbs	NONE
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
NONE	NONE	NONE	NONE	NONE		

CUSTODY RECORD PREPARED BY	DATE
 391	6/21/24
SIGNATURE & TITLE	

DISPOSITION OF ANIMAL	DATE
Euth. ucc	7/2/24

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 §3.1-796.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

**Danville Police Department**  
**Animal Control Unit**  
**(434) 548-3017**

**ANIMAL CUSTODY RECORD**  
 This form must be maintained for a minimum of five years.  
 53.1-796.106.B of the Code of Virginia

<b>CASE NO.</b>	37281	<b>CUSTODY DATE</b>	6-21-24	<b>TIME</b>	8:10	<input checked="" type="checkbox"/> AM / <input type="checkbox"/> PM
<b>REASON FOR CUSTODY (mark appropriate box)</b>						<b>CUSTODY BY</b>
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	South Boston / Elmwood
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>				<b>ADDITIONAL INFORMATION</b>		
				Scrape on left eye and butt		
Telephone:						
<b>ANIMAL DESCRIPTION</b>						
<b>SPECIES</b>	<b>BREED</b>	<b>COLOR/MARKINGS</b>	<b>SEX</b>	<b>APPROX. AGE</b>	<b>APPROX. WEIGHT</b>	<b>OTHER</b>
Canine	Pit mix	tan/whit	F	4 years	50 lbs	
<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")</b>						
<b>CITY/COUNTY LICENSE NUMBER</b>	<b>RABIES TAG NUMBER</b>	<b>TATOO</b>	<b>COLLAR (Color, type, etc.)</b>	<b>OTHER IDENTIFICATION (specify)</b>		
None	None	None	None	None		
<b>CUSTODY RECORD PREPARED BY</b>						<b>DATE</b>
A/C I.D. Black PO # 372						6-21-24
<b>SIGNATURE &amp; TITLE</b>						
<b>DISPOSITION OF ANIMAL</b>						<b>DATE</b>
Euth. KC						7-2-24

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 53.1-796.106.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

**Danville Police Department**Animal Control Unit  
(434) 548-3017**ANIMAL CUSTODY RECORD**This form contains all mandated information as required by  
§3.1-796.105.B of the Code of Virginia.

CASE NO.	37282	CUSTODY DATE	6/21/24	TIME	9:30	AM/PM	PM
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	[REDACTED]	
1							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
				- Friendly			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
K9	Pitbull	brn/wht	M	2yrs	60lbs	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
NONE	NONE	NONE	red/blk chain	NONE			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE						6/21/24	
DISPOSITION OF ANIMAL						DATE	
Euth lcc						7-12-24	

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 §3.1-796.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

TIME	9:32 AM/PM	CUSTODY DATE	6-21-24	I.D. Case/No.	37283
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	
				needs - groomed. Roxal	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Cervine	Sheltie	White/fox	M	2yrs	4#
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 def	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					6-21-24
DISPOSITION OF ANIMAL					DATE
AMC					6-24-24

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.

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017				<b>ANIMAL CUSTODY RECORD</b> <small>This form must be maintained in accordance with 53.1-796.105.B of the Code of Virginia.</small>			
CASE NO.	37285	CUSTODY DATE	6/21/24	TIME	11:20	<input checked="" type="radio"/> AM <input type="radio"/> PM	
REASON FOR CUSTODY (mark appropriate box)						CUSTODY WAS FOR:	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	[REDACTED]	
1							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone:				injured Broken Back legs			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Cat	DSH	gray/wh	M	low	11 lbs	none	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
none	none	none	none		none		
CUSTODY RECORD PREPARED BY					DATE		
SIGNATURE & TITLE					6/21/24		
DISPOSITION OF ANIMAL					DATE		
Euth. 300 hr.					6-25-24		

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 53.1-796.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.



TIME	1:15 AM/PM	CUSTODY DATE	6-21-24	ID. Case/No.	37286
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Kittie	DMH	Blk/wh. t	M	5wks	1
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 <i>Maud E. Churchill</i>				6-21-24	
DISPOSITION OF ANIMAL				DATE	
<i>Ether</i>				7-1-24	

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 State Veterinarian, (804) 786-2453, P.O. Box 1163, Richmond, VA 23218.

Name *[Redacted]* Date *6-21-24*  
 Address *[Redacted]* Telephone *[Redacted]*

Characteristics: Good with children *[Redacted]* Lived Inside/Outside *[Redacted]* Housebroken *[Redacted]*  
 Disposition *[Redacted]* Health *[Redacted]* Gets along well with other pets *[Redacted]*  
 Did you contact another shelter about this animal? *NO* Why did they decline to accept? *[Redacted]*  
 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 *[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 \_\_\_\_\_

TIME	3:55 AM/PM	CUSTODY DATE	6-21-2011	I.D. Case/No.	37287
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)					ADH S
Telephone:					ADDITIONAL INFORMATION
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DM 14	Black		2	8
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 Mary [Signature]					6-21-24
DISPOSITION OF ANIMAL					DATE
Ethyl					6-21-24

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: [Redacted] Date: 6-21-04

Address: [Redacted] Telephone: [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? 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: [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 6. 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	2:46 AM/PM	CUSTODY DATE	6/21/24	I.D. Case/No.	37248
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		
Telephone:			Lucy		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
K-9	Lab/mix	Blk/white	F	1	25
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 Mary E. Burch				6/21/24	
DISPOSITION OF ANIMAL				DATE	
Ethen				6-21-24	

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 submitted to the State Veterinarian 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 06/21/2024

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? 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.

Signature \_\_\_\_\_

TIME	4:05 AM/PM	CUSTODY DATE	6-21-24	ID. Case/No.	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	<input checked="" type="checkbox"/>				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[REDACTED]				DAHS	
Telephone: [REDACTED]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
K-9	Lab mix	Brown	F-7 M-6	8wk	11
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Mary F. Burt</i>				6-21-24	
DISPOSITION OF ANIMAL				DATE	
<i>Ethel</i>				6-24-24	

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 23216.

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? FULL

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.

Signature \_\_\_\_\_

37290  
37291  
37296  
3729  
37296  
3729  
3729  
3729  
37297  
3729  
37299  
37300  
37301  
3730

TIME	10:35 AM/PM	CUSTODY DATE	6-22-21	I.D. Case/No.	37303
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone:				CIT	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Seline	DSH	gray Pkby	M	5yrs	10lb
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 <i>Mary Z. Best</i>					6-22-21
DISPOSITION OF ANIMAL					DATE
Ethel					6-23-21

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, 1400 North 14th Street, Richmond, VA 23218.

Name: [Redacted] Date: 6-22-21  
Address: [Redacted] Telephone: [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: [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 \_\_\_\_\_

TIME	12:30	AM/PM	CUSTODY DATE	6-22-24	I.D. Case/No.	37304
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
<input checked="" type="checkbox"/>					DASH	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
				Found on By-pass -		
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Cairn Terrier	Pitx	Tan	M	4 months	20 lbs	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	green -	none det		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>Rinda Cottrell</i>					7-22-24	
DISPOSITION OF ANIMAL					DATE	
Suths loc					7/5/24	

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) 788-2483, P.O. Box 1163, Richmond, VA 23218.

Name *[Redacted]* Date *6/22/24*

Address *[Redacted]* Telephone *[Redacted]*

Characteristics: Good with children ☐ Lives ☐ 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 *[Redacted]*

- 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	1:00 AM/PM	CUSTODY DATE	6-22-24	I.D. Case/No.	37305
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		
Telephone:			- Luna -		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Husky	Blue merle	F	12 wks	15 lbs
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				6-22-24	
DISPOSITION OF ANIMAL				DATE	
Adopted				6-25-24	

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) 798-2482, P.O. Box 1163, Richmond, VA 23218.

Name: [REDACTED] Date: 6/22/2024

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 3.2-6546, 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 follow the adoption policies and procedures if I decide I want the animal.

Signature: [REDACTED]





Danville Police Department Danville Animal Control Danville Area Humane Society Pittsylvania Animal Control ☒ Public

TIME	11:45 AM/PM	CUSTODY DATE	6-22-24	I.D. Case/No.	37312 37313 37314 37315
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	
Telephone:				Drop off - County Jail	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	7-BLK/white 2-Brown/white 1-BLK	7F 3M	2yrs 5wks	6lb
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				6-22-24	
DISPOSITION OF ANIMAL				DATE	
Feline				6-29-24	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane society. It is to be used 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. Instructions for the use of this form are found in the manual 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? Yes Why did they decline to accept? Pat Carter  
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 \_\_\_\_\_

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

TIME	9:10 AM/PM	CUSTODY DATE	6-22-24	I.D. Case/No.	37322 37323
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
X					DAH
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone:			DO - City		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2x Feline	DSH	gray Tabby gray	M F	4mths	4#
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 dot	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				6-22-24	
DISPOSITION OF ANIMAL				DATE	
Ethel				6-28-24	

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 \_\_\_\_\_

Danville Police Department    Danville Animal Control    Danville Area Humane Society    Pittsylvania Animal Control    Public

TIME	1100 AM/PM	CUSTODY DATE	6-24-22	I.D. Case/No.	37324 2725
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2K	BIT	Light brown, tan 6 yrs old	2M	10 wks	14
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
A	NO	NO	NO	NO	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>AK</i>				6-24-22	
DISPOSITION OF ANIMAL				DATE	
<i>Ethel</i>				6-28-24	

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: [REDACTED] Date: 6/24/24  
Address: [REDACTED] Telephone: [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? 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: [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: \_\_\_\_\_

**Danville Police Department**Animal Control Unit  
(434) 548-3017**ANIMAL CUSTODY RECORD**This form is to be used to record information as required by  
§3.1-796.105.B of the Code of Virginia.

CASE NO.	37324	CUSTODY DATE	6/24/24	TIME	11:20 AM
----------	-------	--------------	---------	------	----------

**REASON FOR CUSTODY (mark appropriate box)****CUSTODY WAS TAKEN**

Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
1					

**OWNER'S NAME & ADDRESS (if known)****ADDITIONAL INFORMATION**

Telephone:	TRAP
------------	------

**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	BLK/WH	1yr	7 lbs		

**ANIMAL IDENTIFICATION (complete all that apply, or indicate "None")**

CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
None	None	None	None	None


**CUSTODY RECORD PREPARED BY****DATE**

SIGNATURE & TITLE	6/24/24
-------------------	---------

**DISPOSITION OF ANIMAL****DATE**

Ether	6/24/24
-------	---------

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 §3.1-796.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

TIME	630 AM/PM		CUSTODY DATE	6-24-24		I.D. Case/No.	37327	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Drop Off		
	X							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
Unknown				Name: Zayne				
Telephone:								
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
canine	pit	brown/white	M	1 yr	50			
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	chain		None checked			
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE 						6-24-24		
DISPOSITION OF ANIMAL						DATE		
Ethan						6-26-24		

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 submitted 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 23216.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets Not male dogs  
 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  \_\_\_\_\_

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

TIME	1242AM/PM	CUSTODY DATE	6-24-24	I.D. Case/No.	33028 33029
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2 K	Doll+	Black & white Dilute Calico	M F	Swits	14
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				6-24-24	
DISPOSITION OF ANIMAL				DATE	
F+H9 X2				6-28-24	

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, 1000 North 10th Street, Richmond, VA 23218.

Date

6/24/24

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?

They were full

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 3.2-8546, 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

**Danville Police Department**  
**Animal Control Unit**  
**(434) 548-3017**

**ANIMAL CUSTODY RECORD**

This form must be maintained in accordance with §3.1-706.105.B of the Code of Virginia.

CASE NO. 37330 CUSTODY DATE 6/24/24 TIME 2:30 AM / PM

**REASON FOR CUSTODY (mark appropriate box)**

Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<u>1</u>					

**OWNER'S NAME & ADDRESS (if known)**

**ADDITIONAL INFORMATION**

Telephone:

T.A.A.P.

**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
<u>Keim</u>	<u>DSH</u>	<u>Black</u> <del>DSH</del>	<u>F</u>	<u>2yr</u>	<u>5lbs</u>	<u>none</u>

**ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")**

CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>

**CUSTODY RECORD PREPARED BY**

**DATE**

SIGNATURE & TITLE

4/24/24

**DISPOSITION OF ANIMAL**

**DATE**

Ether

6-28-24

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 §3.1-706.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

TIME	341 AM	CUSTODY DATE	6-24-24	I.D. Case/No.	37332, 37334, 37332, 37334
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]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
DOG	DJH	YG	3F	2 wks	1 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	none	none	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				6-24-24	
DISPOSITION OF ANIMAL				DATE	

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? yes Why did they decline to accept? Chlorine full

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 \_\_\_\_\_

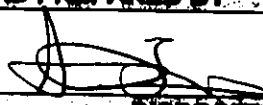
Or

- 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.

[REDACTED]



900 AM/PM CUSTODY DATE 6-24-24 LD. Case No. 37335

REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Drop Off
<input checked="" type="checkbox"/>						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
unknown				Norwood - picked up by PD		
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
canine	pit	Tri color	M	3-4 yrs	50#	
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 					6-24-24	
DISPOSITION OF ANIMAL					DATE	
RTO					7-2-24	

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 \_\_\_\_\_

**Danville Police Department**Animal Control Unit  
(434) 548-3017**ANIMAL CUSTODY RECORD**This form is used to record information required by  
§ 3.1-796.105.B of the Code of Virginia.

CASE NO.	37336	CUSTODY DATE	6/25/2024	TIME	10:00 AM
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REASON FOR CUSTODY (mark appropriate box)					
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
NONE, STRAY	CAPTURED IN A.C. TRAP, SET AT ASTORIA HOTEL

Telephone:

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
FELINE	DSH	GRAY, BLACK MARBLE PATTERN	?	+4 MOS.	4/65	—
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
—	—	—	—	—		


CUSTODY RECORD PREPARED BY	DATE
OFF. P. L. TOUCHSTONE, PD#197	6/25/2024
SIGNATURE & TITLE	

DISPOSITION OF ANIMAL	DATE
Ethel	6/28/24

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 § 3.1-796.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017				<b>ANIMAL CUSTODY RECORD</b> <small>This record shall be maintained for a minimum of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.</small>			
CASE NO.	37337	CUSTODY DATE	6/25/2024	TIME	10:38 AM	PM	
REASON FOR CUSTODY (mark appropriate box)							
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
NONE OR UNKNOWN				CAT CAPTURED IN T.C. TRAP			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
FELINE	DSH	WHITE	?	+4 Mths.	6 lbs.	—	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "None")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
—	—	—	—	—			
CUSTODY RECORD PREPARED BY					DATE		
OFF. D.L. TOUCHSTONE, PD #197					6/25/2024		
SIGNATURE & TITLE							
DISPOSITION OF ANIMAL					DATE		
Euth 3cc					7-22-2024		

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 53.1-796.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

<b>Danville Police Department</b> <b>Animal Control Unit</b> <b>(434) 548-3017</b>				<b>ANIMAL CUSTODY RECORD</b> <small>This form is required by § 3.1-796.106.B of the Code of Virginia.</small>			
CASE NO.	37338	CUSTODY DATE	6/25/2024	TIME	10:00	AM / PM	
<b>REASON FOR CUSTODY (mark appropriate box)</b>						<b>CUSTODY BY (mark appropriate box)</b>	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>				<b>ADDITIONAL INFORMATION</b>			
NONE - STRAY				CAT CAPTURED IN A.C. TRAP			
Telephone:							
<b>ANIMAL DESCRIPTION</b>							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
FELINE	DSH	GRAY	?	+4 MOS.	21 lbs	—	
<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")</b>							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
—	—	—	—		—		
<b>CUSTODY RECORD PREPARED BY</b>						<b>DATE</b>	
OFF. D.L. TOUCHSTONE, PD#197						6/25/2024	
SIGNATURE & TITLE							
<b>DISPOSITION OF ANIMAL</b>						<b>DATE</b>	
FTHU						6/28/24	

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 § 3.1-796.106.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

TIME	1230 AM/PM	CUSTODY DATE	6-25-27	I.D. Case/No.	37339
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Chix	Wht	F	8 wks	2 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	none	none decl	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Ar</i>					6-25-27
DISPOSITION OF ANIMAL					DATE
Adopted					7-15-24

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) 788-2482, P.O. Box 1463, Richmond, VA 23218.

Name: *[Redacted]* Date: *1/25*

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: *[Redacted]*

- 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	2:09 AM/PM	CUSTODY DATE	6/25/24	I.D. Case/No.	37340
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DSH	black/whit	M	1 yrs	10lb
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					
SIGNATURE & TITLE <i>Robert R. A.</i>					DATE
					6/25/24
DISPOSITION OF ANIMAL					
Ethan					DATE
					6/28/24

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

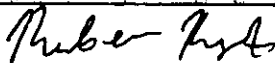

I do not own the above described animal and I relinquish custody to the Danville Area Humane Society.

Signature *Robert R. A.*

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	2:25 AM/PM		CUSTODY DATE	6/25/24		I.D. Case/No.	37-41	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
Telephone:								
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
feline	DSH	orange	m	8 wks	2 lbs			
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						6/25/24		
DISPOSITION OF ANIMAL						DATE		
						7-1-24		

This form may be used by animal control officers, custodians of a 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) 781-2123, 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  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.

<b>TIME</b>	4:35 AM/PM	<b>CUSTODY DATE</b>	6/25/24		<b>I.D. Tag/No.</b>	37342 37343	
<b>REASON FOR CUSTODY (mark appropriate box)</b>						<b>LOCATION WHERE CUSTODY WAS TAKEN</b>	
Stray <input checked="" type="checkbox"/>	Owner Surrender <input type="checkbox"/>	Seized <input checked="" type="checkbox"/>	Bite Case <input type="checkbox"/>	Transfer from other locality/facility <input type="checkbox"/>	Other <input type="checkbox"/>	Shelter	
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>				<b>ADDITIONAL INFORMATION</b>			
				- brought by police			
<b>ANIMAL DESCRIPTION</b>							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
(2) canine	pit x	brown/wht	F(2)	6mths	30lbs		
<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")</b>							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
none	none	none	(1) blue (1) pink		none detected		
<b>CUSTODY RECORD PREPARED BY</b>						<b>DATE</b>	
<div style="display: flex; justify-content: space-between;"> <span><i>Hubert</i></span> <span><i>MA</i></span> </div>						6/25/24	
<b>DISPOSITION OF ANIMAL</b>						<b>DATE</b>	
2x Euth 9CC						7-2-24	

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.

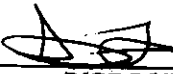
Signature \_\_\_\_\_

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	6:20 AM/PM		CUSTODY DATE	6-25-24		I.D. Case/No.		
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Drop off		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
Unknown				possibly pregnant				
Telephone:								
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Corgi x	tan		F	1-2 yrs	20 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	NONE		NONE detected			
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE 						6-25-24		
DISPOSITION OF ANIMAL						DATE		
RTO						7-26-24		

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	11:12 AM/PM	CUSTODY DATE	6-26-24	I.D. Case/No.	37345
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	
				Rabies, parvo - Rockmount 6-19-24 "Henry"	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canaan	Hound	TRI	M	9mos	30#
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				DATE	
DISPOSITION OF ANIMAL				DATE	
Adopted				7-9-24	

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, 1984 E. Main Street, Suite 100, Richmond, VA 23218.

Name: [REDACTED] Date: 6/26/24  
Address: [REDACTED] Telephone: [REDACTED]

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside Housebroken yes  
Disposition \_\_\_\_\_ Health Good Gets along well with other pets yes  
Did you contact another shelter about this animal? yes Why did they decline to accept? no room  
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: [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: \_\_\_\_\_

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

TIME	1122 AM/PM	CUSTODY DATE	6-26-24	I.D. Case/No.	3246, 57347	3248, 32249
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter
	X					
ADDITIONAL INFORMATION						
Telephone						
DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
YK	D3H	Col. & Tab 1 Blk 26 1/2 W	3F 1m	8 wks	2 H	n
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	n		
CUSTODY RECORD PREPARED BY:						
SIGNATURE & TITLE						DATE
A J Man						26-24
DISPOSITION OF ANIMAL						DATE
Ethel X4						28-24

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 submitted 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? 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 do acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the animal.

Signature \_\_\_\_\_

TIME <b>6:15 AM</b>		CUSTODY DATE <b>6-24-24</b>		I.D. Case/No. <b>37350</b>	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
				<b>Nestle Plant</b>	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
<b>IN</b>	<b>Pitx</b>	<b>White/Bra</b>	<b>F</b>	<b>early</b>	<b>40H</b>
OTHER <b>non</b>					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
<b>non</b>	<b>non</b>	<b>non</b>	<b>none</b>	<b>none detected</b>	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <b>AJ mancy</b>					<b>6-24-24</b>
DISPOSITION OF ANIMAL					DATE
<b>Adopted</b>					<b>7-5-24</b>

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 \_\_\_\_\_

Danville Police Department Danville Animal Control Danville Area Humane Society ☒ Public

TIME	12:30 AM/PM	CUSTODY DATE	6-26-28	I.D. Case/No.	37351 37352	37353 37354
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	<input checked="" type="checkbox"/>				DASH	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Halifax						
Telephone: 253 360						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DSH	Calico gray/white black/orange	2 yrs 11/2m	2 yrs 11/2m	6 lbs	
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 May F. Brues				6-26-28		
DISPOSITION OF ANIMAL				DATE		
Ethel 73				6-28-24		

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.

Signature \_\_\_\_\_

**Danville Police Department**  
**Animal Control Unit**  
**(434) 548-3017**

**ANIMAL CUSTODY RECORD**  
 The information on this form is required by  
 § 3.1-796.105.B of the Code of Virginia

<b>CASE NO.</b>	17355 37356	<b>CUSTODY DATE</b>	6-26-24	<b>TIME</b>	12:30 AM / PM
-----------------	----------------	---------------------	---------	-------------	---------------

<b>REASON FOR CUSTODY (mark appropriate box)</b>					
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
2					

<b>OWNER'S NAME &amp; ADDRESS (if known)</b>	<b>ADDITIONAL INFORMATION</b>
Telephone:	

<b>ANIMAL DESCRIPTION</b>						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	yellow	lab mix	M	1 year	20 lbs	None
Canine	brown	lab mix	M	1 year	20 lbs	None

<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")</b>				
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
None	None	None	None	None

<b>CUSTODY RECORD PREPARED BY</b>	<b>DATE</b>
SIGNATURE & TITLE A.C.O. I.D. B. B. P. # 372	

<b>DISPOSITION OF ANIMAL</b>	<b>DATE</b>
Seeth 4cc	7-2-24

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 § 3.1-796.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

TIME	<del>1:00</del> AM/PM	CUSTODY DATE	6-26-24	I.D. Case/No.	37757
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
K					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
			Piney Forest		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
1P	Pit Bull	Brindle	M	10wks	10lb
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
m	n	n	n	n	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				6-26-24	
DISPOSITION OF ANIMAL				DATE	
Euth LCC				7-14-24	

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) 786-2488, or to the State Veterinarian, 4163, Richmond, VA 23218.

Name: [Redacted] Date: 6/26/24

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? 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 surrender custody to the Danville Area Humane Society.

Signature: [Redacted]

- 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 \_\_\_\_\_

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	2:00 AM/PM	CUSTODY DATE	6-26-24	I.D. Case No.	37358				
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Sheld			
	X								
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION					
[Redacted]				Damon					
Telephone: [Redacted]									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
10	Cat Terrier	Black	M	3 1/2 yrs	70+	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		911000028547092				
CUSTODY RECORD PREPARED BY				DATE					
AS money				6-26-24					
SIGNATURE & TITLE				DISPOSITION OF ANIMAL					
				Euth 6cc					
				DATE					
				7-2-24					

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 Housebroken NO  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_

Did you contact another shelter about this animal? yes Why did they decline to accept? Pet owner not take  
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

Sept.

#### 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

Signature \_\_\_\_\_



TIME	2:10 AM <del>PM</del>		CUSTODY DATE	6-24-24		I.D. Case/No.	30358	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	3rd St		
	X							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
Telephone:								
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
LC	Doberman	BLK	F	2yrs	10+			
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	ns	na	n				
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE <i>Ag me</i>						6-26-24		
DISPOSITION OF ANIMAL						DATE		
Ethu						6-28-24		

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: 6-26-24  
 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

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Signature: \_\_\_\_\_

**Danville Police Department**  
**Animal Control Unit**  
**(434) 548-3017**

**ANIMAL CUSTODY RECORD**

This form complies with the requirements of 53.1-796.105.B of the Code of Virginia.

CASE NO.	37360	CUSTODY DATE	6/26/24	TIME	3:15	AM <input type="radio"/> PM <input checked="" type="radio"/>
----------	-------	--------------	---------	------	------	--

**REASON FOR CUSTODY (mark appropriate box)**

Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
		2			

**OWNER'S NAME & ADDRESS (if known)**

**ADDITIONAL INFORMATION**

Telephone:	impound for seizure see ACO Crowder
------------	--

**ANIMAL DESCRIPTION**

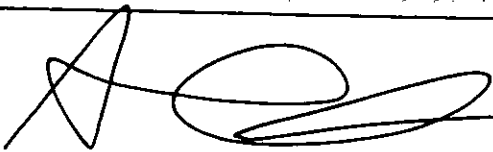
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
K9	Husky	blk/wht	M	2yrs	60lbs	none

**ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")**

CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
NONE	NONE	NONE	collar	985141006 37057

**CUSTODY RECORD PREPARED BY**

**DATE**

SIGNATURE & TITLE	DATE
	6/26/24

**DISPOSITION OF ANIMAL**

**DATE**

DISPOSITION OF ANIMAL	DATE
RTD	7/16/24

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 53.1-796.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

TIME	5:00 AM/PM	CUSTODY DATE	6-26-24	I.D. Case/No.	37361
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		
Telephone:			Callie		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Gray Tabby	F	7yrs	17lb
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 Mary J. Burt				6-26-24	
DISPOSITION OF ANIMAL				DATE	
Ethel				7-2-24	

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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? \_\_\_\_\_ 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 \_\_\_\_\_

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	9:15 AM		CUSTODY DATE	6-26-24		I.D. Case/No.	37364		
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	PD-Drop Off			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
Unknown					CIT Pregnant				
Telephone:									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Seline	D3H	white		F	2yrs	10#	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 						6-24-24			
DISPOSITION OF ANIMAL						DATE			
Euth 3cc						7-2-24			

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Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_

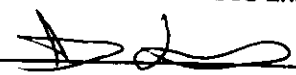
Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_

Did you contact another shelter about this animal? \_\_\_\_\_ 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	9:15 AM/PM	CUSTODY DATE	6-26-24	I.D. Case/No.	37368, 37369, 37370, 37371
<div style="background-color: black; width: 100%; height: 150px;"></div>				LOCATION WHERE CUSTODY WAS TAKEN	
Street					
Telephone					
Species	OTHER				
Color					
CI					
LICE	(specify)				
Notes	checked				
CUR	E				
SIGNATURE					24
DISPOSITION OF ANIMAL					
4X-TRF				7-17-24	

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

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Signature \_\_\_\_\_

TIME	900 AM/PM	CUSTODY DATE	6-27-24	I.D. Case/No.	37362 37363
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
X					Shelter
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone:			DCC		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2K	D34	Light brown Gt to white	2F	6 wks	14
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
h	non	non	non	non	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				DATE	
DISPOSITION OF ANIMAL				DATE	
2X Euth - 3cc				6-27-24	

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 each 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	7:20 AM/PM	CUSTODY DATE	6-27-24	I.D. Case/No.	37845
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	
Telephone:				Found kitten it was half dead when brought in.	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Tabby	M	8wk	1#
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	not detected	
CUSTODY RECORD PREPARED BY:				DATE	
SIGNATURE & TITLE				6-27-24	
DISPOSITION OF ANIMAL				DATE	
With 3cc				6-27-24	

This form may be used by animal control officers, custodians of any pound or shelter, or any other person who has knowledge of the animal. It is to be used by 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 \_\_\_\_\_

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	645	AM/PM	CUSTODY DATE	4-27-24	I.D. Case/No.	37366			
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other				
4						DASH			
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
Telephone: CIT					CIT @ DASH				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Feline.	DSH	grey + white	F	2y	5#				
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								DATE	
DISPOSITION OF ANIMAL								DATE	
Euth 3cc								7-3-24	

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 3.2-8546, 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 \_\_\_\_\_



<b>Danville Police Department</b> <b>Animal Control Unit</b> <b>(434) 548-3017</b>	<b>ANIMAL CUSTODY RECORD</b> <small>This form is required by 53.1-796.105.B of the Code of Virginia.</small>
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CASE NO.	37367	CUSTODY DATE	5-6-27-24	TIME	11:45	AM/PM	AM
----------	-------	--------------	-----------	------	-------	-------	----

REASON FOR CUSTODY (mark appropriate box)						CUSTODY BY	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Myrtle Ave	
1							

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit mix	Brown/white	M	2 years	50 lbs	None

ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")				
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
None	None	None	None	None

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE	6-27-24
ACCI.P. Black PD# 372	

DISPOSITION OF ANIMAL	DATE
RTD	6-28-24

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 53.1-796.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

Danville Police Department    Danville Animal Control    Danville Area Humane Society    Pittsylvania Animal Control    Public

TIME	12:30 AM	CUSTODY DATE	6-27-24	I.D. Case/No.	2779 27780
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	<input checked="" type="checkbox"/>				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[REDACTED]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2C	DJH	Grey	M	2yr	10lb
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 <i>Ag</i> <i>Mar</i>				6-27-24	
DISPOSITION OF ANIMAL				DATE	
Ethel				6-1-24	

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 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) 788-2682, P.O. Box 1163, Richmond, VA 23218.

Name [REDACTED] Date 6/27/24

Address [REDACTED] Telephone [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? yes Why did they decline to accept? room

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 *U*

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	1240 AM/PM	CUSTODY DATE	6-27-24	I.D. Case/No.	37381
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	
				MAVIS	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
IK	DJH	BICOLOR	F	2 months	14
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
A V Mavis					6-27-24
SIGNATURE & TITLE					DATE
DISPOSITION OF ANIMAL					DATE
Euth 1 1/2 CC					7-2-24

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? 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 follow the adoption policies and procedures if I decide I want the animal.

Signature \_\_\_\_\_

Danville Police Department    Danville Animal Control    Danville Area Humane Society    Pittsylvania Animal Control    Public

TIME	151 AM	CUSTODY DATE	6-27-24	I.D. Case/No.	27382
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]					
Telephone: [Redacted]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
10	Boxer	Blk	F	10 yrs	120 lbs
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 [Signature]					6-27-24
DISPOSITION OF ANIMAL					DATE
Euth					6-27-24

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

Signature \_\_\_\_\_

**Danville Police Department**Animal Control Unit  
(434) 548-3017**ANIMAL CUSTODY RECORD**

This form shall be maintained in accordance with 53.1-796.105.B of the Code of Virginia.

CASE NO.	37383	CUSTODY DATE	6-27-24	TIME	2:11	AM / PM	<input checked="" type="checkbox"/> PM
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**REASON FOR CUSTODY (mark appropriate box)**

Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
1					

**OWNER'S NAME & ADDRESS (if known)****ADDITIONAL INFORMATION**

Telephone:	
------------	--

**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DMH	Grey tabby	F	4 Months	5 lbs	None

**ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")**

CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
None	None	None	None	None

**CUSTODY RECORD PREPARED BY**

DATE


SIGNATURE & TITLE	DATE
ALCO I.R. Black P/H 372	6-27-24

**DISPOSITION OF ANIMAL**

DATE

Disposition of Animal	DATE
Euthanized	8-19-24

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 53.1-796.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

TIME	630 AM/PM	CUSTODY DATE	6-28-24	I.D. Case/No.	37384
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION
Unknown					
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
canine	GS. x	black & tan	M	1 yr	35#
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	Steak collar	NONE detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE 					6-28-24
DISPOSITION OF ANIMAL					DATE
Euth LCL					7-9-24

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 \_\_\_\_\_

**Danville Police Department**  
**Animal Control Unit**  
**(434) 548-3017**

**ANIMAL CUSTODY RECORD**  
 This form must be maintained in accordance with § 3.1-796.105.B of the Code of Virginia.

CASE NO.	37385	CUSTODY DATE	6-28-24	TIME	11:05	AM / PM
REASON FOR CUSTODY (mark appropriate box)						
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility		
1						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DMH	Wht	F	6 months	5 lbs	on
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE Ace J. D. Blum PD # 372					6-28-24	
DISPOSITION OF ANIMAL					DATE	
Euth 3cc					7-8-24	

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 § 3.1-796.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> <small>This form shall be maintained in accordance with 53.1-796.105.B of the Code of Virginia.</small>
--	---

CASE NO.	37386	CUSTODY DATE	6-28-24	TIME	11:05 AM / PM
----------	-------	--------------	---------	------	---------------

REASON FOR CUSTODY (mark appropriate box)					
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
			1		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	* Bite hold
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DMH	Grey tabby	F	2 years	8 lbs	

ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None	

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE A. I. P. Black PD # 374	6-28-24

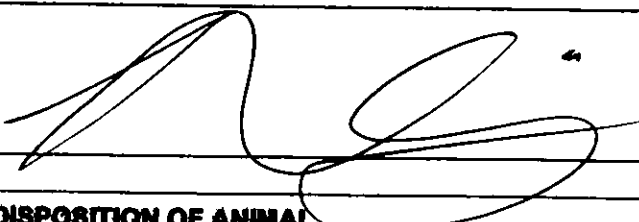
DISPOSITION OF ANIMAL	DATE
Euth 3cc	7-11-24

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 53.1-796.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.



**Danville Police Department****Animal Control Unit****(434) 548-3017****ANIMAL CUSTODY RECORD**

This form must be maintained for a minimum of five years by §3.1-796.105.B of the Code of Virginia.

<b>CASE NO.</b>	37387	<b>CUSTODY DATE</b>	6/28/14	<b>TIME</b>	11:08	AM / PM
<b>REASON FOR CUSTODY (mark appropriate box)</b>						<b>CUSTODY WAS FOR</b>
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
		1 impound				
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>				<b>ADDITIONAL INFORMATION</b>		
unk				See ACO Crowder		
<b>ANIMAL DESCRIPTION</b>						
<b>SPECIES</b>	<b>BREED</b>	<b>COLOR/MARKINGS</b>	<b>SEX</b>	<b>APPROX. AGE</b>	<b>APPROX. WEIGHT</b>	<b>OTHER</b>
kg	Pitbull	gry/wht	M	1yr	35lbs	None
<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")</b>						
<b>CITY/COUNTY LICENSE NUMBER</b>	<b>RABIES TAG NUMBER</b>	<b>TATOO</b>	<b>COLLAR (Color, type, etc.)</b>	<b>OTHER IDENTIFICATION (specify)</b>		
None	None	None	None	None		
<b>CUSTODY RECORD PREPARED BY</b>						<b>DATE</b>
						6/28/14
<b>DISPOSITION OF ANIMAL</b>						<b>DATE</b>
Euth 12cc						7-23-14

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 §3.1-796.105.B of 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 the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

TIME	12:30 AM/PM	CUSTODY DATE	6-28-24	I.D. Case/No.	(37388) 37390 37389 37391	Public 373
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS
	<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]						
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
5 Feline	DMH	Gray / Orange White / Tan Colored	3YF BDM	2y	9	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-det		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE Mary E. Buckel					6-28-24	
DISPOSITION OF ANIMAL					DATE	
34 Euth 3cc					7-8-24	

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 1183, 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? 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.

Signature \_\_\_\_\_

Danville Police Department    Danville Animal Control    Danville Area Humane Society    Pittsylvania Animal Control    Public

TIME	12:30 AM/PM	CUSTODY DATE	6-28-24	I.D. Control	37888 37390 37889 37391	313
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS
	✓					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[Redacted]						
Telephone: [Redacted]						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
5 Feline	DmH	3 cat / Orange White / Gray / Tan Calico	3F / B3M	2 yr	9	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		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE Mary E. Buxwell					6-28-24	
DISPOSITION OF ANIMAL					DATE	

This form is to be used by animal control officers, custodians of any animal shelter, representatives of a humane society or humane association to record and maintain information on animals brought to their attention. It is to be maintained for a minimum of 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? 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 3.2-8546, 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	12:30 AM/PM	CUSTODY DATE	6-28-24	I.D. Case/No.	37393 37395 37394 37396
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	<input checked="" type="checkbox"/>				
OWNER'S NAME				ADDITIONAL INFORMATION	
[REDACTED]					
ANIMAL DESCRIPTION					
SPECIES	BREED	Color/Markings	SEX	APPROX AGE	APPROX WEIGHT
Feline	DSH	Calico Orange Black	F	1 year	10 lbs
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 Mary E. Burnett				6-28-24	
DISPOSITION OF ANIMAL				DATE	
Euthanized				7-1-24	

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 submitted 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? 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.

Signature \_\_\_\_\_

TIME	1:00	AM/PM	CUSTODY DATE		6-28-24	I.D. Case/No.	37397
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DASH	
	✓						
OWNER'S NAME & ADDRESS (If known)						ADDITIONAL INFORMATION	
[REDACTED]							
Telephone [REDACTED]							
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	Yellow		m	6 wks	1	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 Det		
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE May I. Burt						6-28-24	
DISPOSITION OF ANIMAL						DATE	
Euth 1 1/2 CC						7-2-24	

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? 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.

Signature \_\_\_\_\_

TIME	1130 AM/PM	CUSTODY DATE	6-27-24	I.D. Case/No.	37398 37399	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
Telephone:			Hospital			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
2D	Pit Bull	Tan Brn	2F	14/6yrs	90lb	n
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
2216	5663	None	Collar + dragging leashes	none other		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE Ann Farmer - Sec				6-27-24		
DISPOSITION OF ANIMAL				DATE		
2x euth 6cc				7-9-24		

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) 788-2483, 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 \_\_\_\_\_

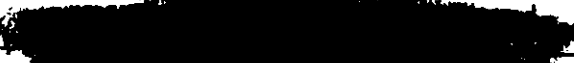
Or



- 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	2:30 AM/PM	CUSTODY DATE	6-28-24	ID Case/No.	37400
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Black	M	2	12
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 Set	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>May E. Bunch</i>					6-28-24
DISPOSITION OF ANIMAL					DATE
Euth 3CC					7-5-24

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: 6-28-2024

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? 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: 

- 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 \_\_\_\_\_

Danville Police Department    Danville Animal Control    Danville Area Humane Society    Pittsylvania Animal Control    Public

TIME	1:45 AM/PM	CUSTODY DATE	6-28-24	ID. Case/No.	3412
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	<input checked="" type="checkbox"/>				
OWNER'S NAME & ADDRESS (If known)				ADDITIONAL INFORMATION	
[REDACTED]				ADOPTED FROM BCAS - Lipsy Ford, Va. 8-23-	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	BIK/white	F	1	7
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	98/02005799058	
CUSTODY RECORD PREPARED BY					
SIGNATURE & TITLE Mary L. Bussell				DATE 6-28-24	
DISPOSITION OF ANIMAL				DATE	
Feline				7-1-24	

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? 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 \_\_\_\_\_



E 7:20 AM/PM CUSTODY DATE 6-29-24 LD. Case No. 37413

REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
X						DASH
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Unknown				Drop off seems to not like cats or other dogs -		
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit	Brown/white	M	3yrs	65#	
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 del		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE					6-29-24	
DISPOSITION OF ANIMAL					DATE	
RTO					6-29-24	

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 \_\_\_\_\_ 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 \_\_\_\_\_

Danville Police Department    Danville Animal Control    Danville Area Humane Society    Pittsylvania Animal Control    ☒ Public

TIME	12:15 AM/PM	CUSTODY DATE	6-29-24	I.D. Case/No.	37414 37416 37415 37417
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				DAHS
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[Redacted]			County		
Telephone: [Redacted]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DSH	gray tabbies	3F/m	16 wks	3#
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 dot	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Mary Bueck				6-29-24	
DISPOSITION OF ANIMAL				DATE	
Ethan				7-1-24	

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) 781-2222, Richmond, VA 23218.

Name [Redacted] Date 6-29-24  
Address [Redacted] Telephone [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? ☒ NO

#### 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 animal back.

Signature [Redacted]

Danville Police Department Danville Animal Control Danville Area Humane Society Pittsylvania Animal Control ☒ Public

TIME	2:20 AM/PM	CUSTODY DATE	6-29-24	I.D. Case/No.	37418/37419	37420/37421/37422/37423/37424
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAH
	<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
MOVING TO ARIZONA 87-M 87-M Buff-M Telephone:				MORMA RIBBLEY - white Black - marvis 8WXS		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
7x feline	DSH	Black - F white -	Female 1F 4M 4WXS	9 mos 4 mos 6WXS	5 lb 6 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	none	none det -		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE						
DISPOSITION OF ANIMAL					DATE	
Euth 3CC					7-22-24	

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Name: [REDACTED] Date: 6/29/24  
Address: [REDACTED] Telephone: [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 3.2-6546, 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 animal back.

Signature \_\_\_\_\_

TIME	2:20 AM/PM	CUSTODY DATE	6-29-24	I.D. Case No.	37419-37420 37419-37421 37422 37423 37424	Public
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	X					DAHS
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
moving to 8120-M G-T-F Telephone: 81-M BUFF-M				MORNA nibbles - white Black - marvis 8 WXS		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
7x feline	DSH	Black - F white -	Female 15 1/4 M	9 mos 4 1/2 M	5 1/2 # 6 #	
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 det -		
CUSTODY RECORD PREPARED BY						DATE
SIGNATURE & TITLE Linda Cottrell						6-29-24
DISPOSITION OF ANIMAL						DATE
4x Euth 1 1/2 CC						7-2-24

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Name: [REDACTED] Date: 6/29/24

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 3.2-6546, 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: Mission Chatterin

TIME	2:45 AM/PM	CUSTODY DATE	6-29-24	I.D. Case/No.	37425
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	
				RT 29/58 fly Bites on ears	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Lab/pitx	Brown/Brindle	M	5yrs	50#
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 det -	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Linda Cottrell				6-29-24	
DISPOSITION OF ANIMAL				DATE	
Adopted				7-18-24	

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: [REDACTED] Date: 6-29-24

Address: [REDACTED] Telephone: [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: [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 \_\_\_\_\_

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

TIME	12:55 AM/PM	CUSTODY DATE	6-30-24	I.D. Case/No.	37426
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	<input checked="" type="checkbox"/>				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[REDACTED]				DAYS Orely Cupid snowspot name	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
8. felines	DSH	6-grey white tabby black/white/leopard	3F 4m	2y/4wk	5#
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	not detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				6-30-24	
DISPOSITION OF ANIMAL				DATE	
8 x Euth 3cc				7-8-24	

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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? \_\_\_\_\_ 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 adoption policies and procedures if I decide I want the

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	1:00 PM	CUSTODY DATE	6-30-24	I.D. Case/No.	37434, 37435				
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DASH			
X									
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
					Half Dead				
Telephone:									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
2. Felines	DSh.	Black	gray body m	low					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
CUSTODY RECORD PREPARED BY								DATE	
SIGNATURE & TITLE <i>[Signature]</i> KA								6-30-24	
DISPOSITION OF ANIMAL								DATE	
Unauthorized. See each.								6-30-24	

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	12:00 AM/PM	CUSTODY DATE	6/30/2024	I.D. Case/No.	37434
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]			[REDACTED]		
Telephone: [REDACTED]			Bos [REDACTED]		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
CANINE	PITBULL	WHITE/BLACK SPOTS	M	2y	50#
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 Choker	[REDACTED]	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE [Signature] KA				6-30-24	
DISPOSITION OF ANIMAL				DATE	
RTD				7-8-24	

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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? \_\_\_\_\_ 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 hereby relinquish custody to the Danville Area Humane Society.

Signature: [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 \_\_\_\_\_