

TIME	2:55 AM/PM	CUSTODY DATE	3-1-24	I.D. Case/No.	34169 34168
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)				ADAMS	
[REDACTED]				[REDACTED]	
Telephone [REDACTED]				[REDACTED]	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DM H DSH	Orange/white	MA	6m	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)	
/	/	/	/	/	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE May E. Brunetti				3-1-24	
DISPOSITION OF ANIMAL				DATE	
Adopted				7-7-21	

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? Yes _____ 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 _____

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

TIME	2:55 AM/PM	CUSTODY DATE	3-1-24	I.D. Case/No.	36168
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
Feline	DM H DSH	Orange/white	♂	6m	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	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE May E. Brunetti					3-1-24
DISPOSITION OF ANIMAL					DATE
Euth					3-2-24

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? Yes _____ 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 of the Danville Area Humane Society.

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	4:30 AM/PM	CUSTODY DATE		3-1-24		I.D. Case/No.		36170	
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]					Does Not Want Back				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
K-9	P.H	Tan		M	2	35			
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	I cut off harness - LC		honed it.				
CUSTODY RECORD PREPARED BY					DATE				
SIGNATURE & TITLE Mary Burt					3-1-24				
DISPOSITION OF ANIMAL					DATE				
Euth					4-5-24				

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Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

Did you contact another shelter about this animal? _____ 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 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	7:24 AM/PM	CUSTODY DATE	3-2-24	I.D. Case/No.	36171				
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					
Unknown				Drop off					
Telephone:									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Feline	DSH	BeK	M	1 yr.	8#	go p/s eye			
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						3-2-24			
DISPOSITION OF ANIMAL						DATE			
Euth						3-2-24			

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 to...

Savannah Police Department		Savannah Animal Control		Savannah Area Humane Society		Pittsylvania Animal Control		Public	
TIME 11:10 AM/PM		CUSTODY DATE 3-2-24		I.D. Case/No. 36172					
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) RT-29 / Middle Rd. past Big Springs					ADDITIONAL INFORMATION				
Telephone									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Canine	Mastiff pit	white	M	5 yrs	110				
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	Catch-collar pinch		None det.				
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE AV maw						3-2-24			
DISPOSITION OF ANIMAL						DATE			
Transfer						3-24-24			

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.

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	11:30 AM/PM	CUSTODY DATE	3-2-24	I.D. Case/No.	36173				
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DASH			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION					
[REDACTED]				Verry Skerry "mighty"					
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Canine	pit x	Brown/white	M	2 yrs	70#				
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								DATE	
DISPOSITION OF ANIMAL								DATE	
Euth								3-7-27	

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) 725-7520, P.O. Box 1160, Richmond, VA 23218.

Name: [REDACTED] Date: 2-3-24

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? _____

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 <input checked="" type="checkbox"/>	
TIME	11:45 AM/PM	CUSTODY DATE	3-2-24	I.D. Case/No.	30174				
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	D.A.H.S.			
	X								
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
Telephone:									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Canine	terrier X	Tan	M	1 1/2 yr	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	Any	Brown	98102004942908					
CUSTODY RECORD PREPARED BY								DATE	
SIGNATURE & TITLE								3-2-24	
DISPOSITION OF ANIMAL								DATE	
Euth								3-2-24	

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: [REDACTED] Date: 3-2-24

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 above-described animal back.

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	3:25 AM/PM	CUSTODY DATE	3-2-24			I.D. Case/No.	36175 36177 36178 36179 36180		
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DATE			
	X								
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
Telephone:									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Canine	Short hair pointer	Blk/white	26/4B	2wks	20lb				
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 detect					
CUSTODY RECORD PREPARED BY								DATE	
SIGNATURE & TITLE								3-2-24	
DISPOSITION OF ANIMAL								DATE	
Euth								3-10-24	

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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

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

TIME	3:30 AM/PM	CUSTODY DATE	3-2-24	I.D. Case/No.	36483
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]				Rockingham County, Shelter Lady GaGa	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Hound	Brown	F	2 yrs	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	94101000 524624	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					
DISPOSITION OF ANIMAL					DATE
Euth					3-2-24

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Name: [REDACTED] Date: 3-2-24

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.

TIME	7:45 AM/PM	CUSTODY DATE	03/03/2024		I.D. Case/No.	36181	
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				Very Sweet Fabric came collar w chain dragged assuming they broke their own lead			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Husky/Shepherd	White	F	2	30lb	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	Chain/fabric		none Detected		
CUSTODY RECORD PREPARED BY						DATE	
						03/03/2024	
SIGNATURE & TITLE						DATE	
Disposition of Animal RTD						7-4-24	

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, 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	230 AM/PM	CUSTODY DATE	3-3-24	I.D. Case/No.	36182
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]				Boss	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
canine	Pit	white & brindle	m	5 mos	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	red nylon	none detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE [Signature]					3-3-24
DISPOSITION OF ANIMAL					DATE
Euth					3-5-24

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 [REDACTED] Date 3-3-24

Address [REDACTED] Telephone [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? _____
 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	6:50 AM/PM	CUSTODY DATE	03/14/2024	I.D. Case/No.	36184 36185
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone: UNKNOWN				Came w - Note - Born on San 18 2024 Both boys, 100 shots or worming done.	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2x Canine	Golden Retriever German Shepherd Mix	Black with tanish paws	M	6 weeks	10 lbs
OTHER					
none					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") each					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	None Reported	
CUSTODY RECORD PREPARED BY:				DATE	
SIGNATURE & TITLE				03/14/2024	
DISPOSITION OF ANIMAL				DATE	
Euth				3-17-24	

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

- 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

ANNUAL CUSTODY RECORD

CASE NO.	36186	CUSTODY DATE	3-4-24	TIME	9:08 AM
----------	-------	--------------	--------	------	---------

REASON FOR CUSTODY (mark appropriate box)

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

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Telephone:

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
canine	(Husky) Samoyed	Wht	M	2 years	30 lbs	none

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

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

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

Aco I. P. Black P.D. #326

3-4-24

DISPOSITION OF ANIMAL

DATE

RTD

3-11-27

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 § 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	AM/PM	CUSTODY DATE		03-04-24		ID. Case/No.	36188	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	D AHS		
	X							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
[REDACTED]				They have New Baby - he jumped on Bed then turned B. to & scratched him Phoenix BAD.				
ANIMAL DESCRIPTION phoenix								
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Hound	Tan-white		SF	8yrs	35#	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 [Signature] - sec [REDACTED]						03-04-24		
DISPOSITION OF ANIMAL						DATE		
Adopter						3.14.24		

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 Little 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? Full
 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	116 AM/PM	CUSTODY DATE	03-04-24	I.D. Case/No.	36189
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]				Doesn't get Along with other Dogs or other People. "Charlie"	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Yorkie	Grey-Tan	M	5yrs	7#
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	9810 2005516486	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					DATE
Anna Turner-Sec					03-24-24
DISPOSITION OF ANIMAL					DATE
Transtum					3-17-24 3-24-24

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 Good 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

Signature _____

TIME	4:15	AM/PM	CUSTODY DATE	03-04-24	I.D. Case/No.	36190
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
X					DAHHS	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone: UNKNOWN				Roaming in Neighborhood been heard Feral		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	BLK	M	1yr	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: Sec - Anne Turner					03-04-24	
DISPOSITION OF ANIMAL					DATE	
Euth					3-4-24	

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, 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: 03-04-24
Address: [Redacted] Telephone: NA

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.

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

TIME	4:50 AM/PM	CUSTODY DATE	03-04-24	I.D. Case/No.	36191 36192
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 in Neighborhood	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2x Canine	Labx	Tan White	M	2yrs	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	1		
CUSTODY RECORD PREPARED BY: Ann Janner-Sec				DATE	
SIGNATURE & TITLE				03-04-24	
DISPOSITION OF ANIMAL				DATE	
Euth				3-2-24	

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.

Address

Date 03-04-24

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 3.2-6546, 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	03-04-24	I.D. Case/No.	36193
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]			[REDACTED]		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Boxer	BROWN	NM	2 yrs	35#
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				DATE	
SIGNATURE & TITLE <i>Ann Turner-Sec</i>				03-04-24	
DISPOSITION OF ANIMAL				DATE	
Transfer				3:52 PM 3/26/24	

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

Signature _____

TIME	12 ¹⁵ AM/PM	CUSTODY DATE	03-05-24	I.D. Case/No.	36194 36195
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]				They Just CAN'T keep them No more	
				1) Bubba 2) Basey	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2x Carin	Chi	2 BIK-Tan	F	8 mos	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 Det	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Ann Turner-Sec				03-05-24	
DISPOSITION OF ANIMAL				DATE	
Trans				4-11-24	

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 YES Lived Inside/Outside Inside 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? 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 animal.

Signature _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
NAME		1:45 AM/PM		CUSTODY DATE		03-05-24		I.D. Case/No. 36196	
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]					Husband is sickly just can't keep her no longer.				
					"Daisy"				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Canine	Chi	Black-BRN		F	14 mos	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 Ann Turner Sec							03-05-24		
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 _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children yes Lived Inside/Outside Inside 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 3.2-6546, 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 14

AM/PM

CUSTODY
DATE

Danville Area Humane Society

Pittsylvania Animal Control

Public

03-05-24

I.D.
Case/No.

36197

REASON FOR CUSTODY (mark appropriate box)

Stray

Owner
Surrender

Seized

Bite Case

Transfer from
other
locality/facility

Other

LOCATION WHERE
CUSTODY WAS TAKEN

DASH

OWNER'S NAME & ADDRESS (if known)

Telephone:

Unknown

ADDITIONAL INFORMATION

found on Geelyfa-Rooming

SPECIES

BREED

ANIMAL DESCRIPTION

COLOR/MARKINGS

SEX

APPROX.
AGEAPPROX.
WEIGHT

OTHER

Canine

Terrier

Black

NM

203ps

15#

None

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

GREEN

None

CUSTODY RECORD PREPARED BY

SIGNATURE & TITLE

Ann Janner-Soc

DATE

DISPOSITION OF ANIMAL

NTO

03-05-24

DATE

3-8-27

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 _____ Address _____ Date 03-05-24

Characteristics: Good with children _____ Telephone _____
 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? NO _____ 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	4:40 AM/PM		CUSTODY DATE		03-05-24		I.D. Case/No.		36198	
REASON FOR CUSTODY (mark appropriate box)							LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		DAHS			
X										
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION					
Telephone: Unknown					TRAPPING					
ANIMAL DESCRIPTION										
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Feline	DSH	Tortshell		F	1yr.	8#	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 Chipped					
CUSTODY RECORD PREPARED BY								DATE		
SIGNATURE & TITLE <i>Anna Turner-Sa</i>								03-05-24		
DISPOSITION OF ANIMAL								DATE		
T/END								4-2-27		

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, (800) 552-8222, P.O. Box 1653, 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? 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 _____

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

TIME 4:55 AM/PM		CUSTODY DATE 03-05-24		I.D. Case/No. 36199	
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]				Bitten child Hold for 10 days Bite March 1, 2024	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	mix	white	SF	3yrs	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	39739	None	None	None	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE Ann Turner - Sec					03-05-24
DISPOSITION OF ANIMAL					DATE
Euth					3-15-24

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 information on animals brought to their attention. It should be filled out for at least five years, and must be made available to the State Veterinarian 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 _____ 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 _____ in the past 10 days? _____

STATEMENTS / 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	7:11 AM <input checked="" type="radio"/> PM	CUSTODY DATE	3/5/24		I.D. Case/No.	36200	
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			
				drop off			
Telephone: _____							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
canine	Shih tzu	gray/wht/black	F	4 1/2	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	pink		non detected		
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE Ruben Rust						3/5/24	
DISPOSITION OF ANIMAL						DATE	
Adopted						3.15.24	

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) 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			
CASE NO.	36201	CUSTODY DATE	3/6/24	TIME	10:46	<input checked="" type="checkbox"/> PM	
REASON FOR CUSTODY (check appropriate box)							
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	133 W Thomas St	
			1				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
				★ count case ★			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Pit mix	Blk/wht	F	2 ^{years} months	40 lbs	None	
ANIMAL IDENTIFICATION (complete all items, if known)							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	Purple	None			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>A/C I.D. Black 372</i>						3/6/24	
DISPOSITION OF ANIMAL						DATE	
<i>Euth</i>						5-7-24	

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 § 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

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

TIME	12 ⁰⁶	AM/PM	CUSTODY DATE	03-06-24	I.D. Case/No.	36202
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHs
X						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone: unknown				Trapping Co. Resident		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DSH	GR/white	M	1yr	7#	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-Soc						03-06-24
DISPOSITION OF ANIMAL						DATE
Euth						3-2-24

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

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 3.2-6546, 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 ²⁵ AM/PM	CUSTODY DATE	03-07-24	ID. Case/No.	36803
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				Found on Riverside Dr. WK 8/80 Shot Amck	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pit x	Blk-white	M	12 mos.	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 <i>Ann Turner Sec</i>					03-07-24
DISPOSITION OF ANIMAL					DATE
Euth					3-5-24

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: [REDACTED] Date: 03-07-24

Address: [REDACTED] Telephone: [REDACTED]

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

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

TIME	4:50	AM/PM	CUSTODY DATE	03-07-24	I.D. Case/No.	36204
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS
X						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone: Unknown				Found off Westover Roaming		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Houndx	BRN-White	F	4mos	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	None	None, Dog		
CUSTODY RECORD PREPARED BY:				DATE		
SIGNATURE & TITLE Anne Turner-Sec				03-07-24		
DISPOSITION OF ANIMAL				DATE		
Euth				31204		

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to collect 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 11th St., P.O. Box 1163, Richmond, VA 23218.

Address

Telephone

Characteristics: Good with children OKLived Inside/Outside HousebrokenDisposition Health

Gets along well with other pets

Did you contact another shelter about this animal? NOWhy did they decline to accept? N/AHas 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.

TIME	11:00 AM/PM		CUSTODY DATE	3-8-28		I.D. Case/No.	36205	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAH5		
	<input checked="" type="checkbox"/>							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
[REDACTED]				"Nixon"				
Telephone: [REDACTED]								
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
K-9	Pullab	Black	m	8m	60			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)			
/	/	/	/		/			
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE <i>Mary L. Burrell</i>						3-8-28		
DISPOSITION OF ANIMAL						DATE		
Adopted						3-12-24		

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

Name _____ Date _____
 Address _____ Telephone _____
 Characteristics: Good with children _____ 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? _____

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	12:40 AM/PM	CUSTODY DATE	3-8-24	I.D. Case/No.	2-06
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]					Cheto
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
K-9	Pitt	Tan	M	4	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 May 7. Bush					3-8-24
DISPOSITION OF ANIMAL					DATE
Euth					3-13-24

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? 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.

3-8-24 I.D. 36207 36210
Case/No. 36208 36209 36211 36212 36213

36207 (F) Tort 1⁴ 9¹⁶ DSH
36208 (M) Bk/Wh. H 1⁴ 8¹⁶ DSH
36209 (M) Grey 3 days 302 DSH
36210 (M) Grey 3 days 302 DSH
36211 (M) Grey 3 days 302 DSH
36212 (F) Bk/Wh. 3 days 302 DSH
36213 (F) Tort 3 days 302 DSH

private box)		LOCATION WHERE CUSTODY WAS TAKEN
transfer from other facility/facility	Other	DAH S

ADDITIONAL INFORMATION				
[REDACTED]				

DESCRIPTION				
INGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER

delete all that apply, or indicate "none")	
COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)

	DATE
	3/8/24
DISPOSITION OF ANIMAL	
Transfer	
	DATE
	3-21-27

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 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		7-8-24		ID. Case/No.	36208	
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				
Telephone:								
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
LC	DH	Blk/wh		M	14	1st	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 detected			
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE						3-8-24		
DISPOSITION OF ANIMAL						DATE		
Transfer						3-21-24		

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 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? _____ 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	3:40 AM/PM	CUSTODY DATE	3-9-24	I.D. Case/No.	36214
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	
Found at Sam's Club				Cynthia Wells interested if owner Not Found	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Lab	Choc.	N/M	3-5 yrs	60#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	None	MC-981020043180640	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE A W				3-9-24	
DISPOSITION OF ANIMAL				DATE	
ADO				3-12-24	

NOT Registered in pet link data base

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 _____ Intody 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	3-9-24	ID. Case/No.	86215 1210 36212
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	
Found Paxton St.				Stray	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2x Curious	chi	tan	NM	3 yrs	15#
	perandx	tan/white	F	5mths	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 dot	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					DATE
DISPOSITION OF ANIMAL					DATE
A w					3-15-24

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) 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 <u>4:00</u> AM/PM		CUSTODY DATE <u>3-9-24</u>		I.D. Case/No. <u>36215</u> <u>1210</u>	
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	
<u>Found Paxton St.</u>				<u>Stray</u>	
Telephone: _____					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
<u>2x Cocker</u>	<u>chi</u>	<u>tan</u>	<u>NM</u>	<u>3 yrs</u>	<u>15#</u>
	<u>hounds</u>	<u>tan/white</u>	<u>F</u>	<u>5 mths</u>	<u>20#</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</u>	
CUSTODY RECORD PREPARED BY <u>L. Ethell</u>					DATE <u>3-9-24</u>
SIGNATURE & TITLE					DATE
DISPOSITION OF ANIMAL					DATE
<u>Eth</u>					<u>3-1-24</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 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

TIME	1030 AM/PM	CUSTODY DATE	3-10-29	I.D. Case/No.	36218
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 - PD
Telephone					clocked tail
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Cs. shep	blk & tan	FX	3yrs	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		
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					3-10-29
DISPOSITION OF ANIMAL					DATE
Aly					5-27

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? _____ Why did they decline to accept? _____

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

STATEMENTS OF SURRENDER

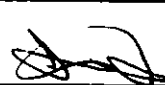
I do not own the above described animal and I relinquish custody to the Danville Area Humane Society.

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	100 AM/PM		CUSTODY DATE		3-10-04		ID. Case/No.	36219	
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				
382 Taylor Dr.					PD				
Telephone:									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Dog	Shp Mix?	white		F	3-4 yrs	60#			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
none	none	none	none		none checked				
CUSTODY RECORD PREPARED BY							DATE		
SIGNATURE & TITLE 							3-10-04		
							DISPOSITION OF ANIMAL		
MTO							3-15-04		

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	10:20 AM/PM	CUSTODY DATE	3-11-24	ID. Case/No.	36217
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]					"Sweetie Pie" Temporary Custody
Telephone: [REDACTED]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Chi-wenmy	Brown/black	F	5y	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)	
240005	11415	none	green	981020051098924	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE [Signature] KA					3-11-24
DISPOSITION OF ANIMAL					DATE
Transfer					3-21-27

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 [REDACTED] Date 3-11-24

Address [REDACTED] Telephone 702 580 7652

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 [REDACTED]

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

TIME	11:25 AM/PM	CUSTODY DATE	03-11-24	ID. Case/No.	36220
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				58 West Roanoke	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Dalmatian	White/Blk	F	2-6 yrs	75#
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	None	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Ann Turner-Sec</i>					03-11-24
DISPOSITION OF ANIMAL					DATE
Euth					3-27-24

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, 1000 North 13th Street, Richmond, VA 23218.

Name: [Redacted] Date: 3-11-24

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 hereby surrender 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	1256 AM/PM	CUSTODY DATE	03-11-24	I.D. Case/No.	36221 36222
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]				MOVING SF-Cleo Back Right Leg M-ROTH - History Bite 1yr ago BRUTUS	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
2x Canine	Rottweiller G. Shep	BLK/BRN BLK/BRN	M SF	5YRS	90# 115#
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 <u>Ann Turner Sec</u>					03-11-24
DISPOSITION OF ANIMAL					DATE
Euth					3-12-24

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

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children not good Lived Inside/Outside Housebroken Yes
 Disposition OK Health OK Gets along well with other pets NO
 Did you contact another shelter about this animal? Yes Why did they decline to accept? COULD TAKE IT
 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

TIME	AM/PM	CUSTODY DATE		3-11-24		ID. Case/No.	36221	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other			
	L							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
Telephone:								
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
IL	Dxt	BX		F	10/17	104		
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	nn	nu	n		none detected			
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE <i>Ar</i>						3-11-24		
DISPOSITION OF ANIMAL						DATE		
<i>Transfer</i>						3-21-27		

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? _____ 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 ³⁰	AM/PM	CUSTODY DATE	3-11-24	I.D. Case/No.	36223	36224
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]				CO. Resident			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
2x Feline	DSH	gray	F	1yr	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 dot			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE Anna Turner-SK						03-11-24	
DISPOSITION OF ANIMAL						DATE	
Transferred						3.21.21	

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 YES Lived Inside/Outside Outside 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? 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 _____

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		CUSTODY DATE		I.D. Case/No.	
12:30 AM		3-11-24		36225	
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					Found 3 days Ago
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Lab-Doodle	Blk-White	F	2-3	40#
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 <i>Ann Turner-Sic</i>					3-11-24
DISPOSITION OF ANIMAL					DATE
Transfer					3-21-24

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: 3-11-24
 Address: [REDACTED] Telephone: N/A
 Characteristics: Good with children OK Lived Inside/Outside Housebroken
 Disposition Health NOT Gets along well with other pets NO
 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 [REDACTED] 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

CASE NO.	36226	CUSTODY DATE	3-11-24	TIME	3:3	AM/PM	PM
REASON FOR CUSTODY (check appropriate box)							
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	
Canine	Pit Bull	Brindle/White	F	1 year	25/65	None	
ANIMAL IDENTIFICATION (check all that apply, or none as ticks)							
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/C I.P. Black #372						3-11-24	
DISPOSITION OF ANIMAL						DATE	
Euth						3-20-24	

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 §3.1-796.105.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 State Veterinarian.

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

ANIMAL CUSTODY RECORD

CASE NO.	36227	CUSTODY DATE	3-13-24	TIME	9:17	AM/PM	PM
REASON FOR CUSTODY (check appropriate box)							
<input checked="" type="checkbox"/> Stray	<input type="checkbox"/> Owner Surrender	<input checked="" type="checkbox"/> Seized Impound	<input type="checkbox"/> Bite Case	<input type="checkbox"/> Transfer from other locality/facility	<input type="checkbox"/> Other		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone:				☆ Eviction ☆ ☆ See Aco Black ☆			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Pit mix	Wht/brown	F	2 years	40 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	
Aco I.D. Black #372						3-13-24	
DISPOSITION OF ANIMAL						DATE	
Euth						7-22-24	

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	1011 AM	CUSTODY DATE		03-13-24		I.D. Case/No.		34228	
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:					for Smith Rd				
					Mt Herman called said Cat had been hit				
ANIMAL DESCRIPTION by Car they saw him there									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
LC	DH	G & T-b		F	1yr	5H	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)				
none	none	none	none		none declared				
CUSTODY RECORD PREPARED BY									
SIGNATURE & TITLE						DATE			
Ag						3-13-24			
DISPOSITION OF ANIMAL						DATE			
Euth						3-13-24			

This form may 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) 786-2483, P.O. Box 1163, Richmond, VA 23218.

Name: [REDACTED] Date: March 12, 2024
 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.

TIME	1045 AM/PM	CUSTODY DATE	3-13-24	I.D. Case/No.	36229
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]					Wife is to stress out over dog Dodie
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Yorkie	Black/Gray Tan	NM	5YRS	7#
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 Dot	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <u>Ann Turner - Sec</u>					3-13-24
DISPOSITION OF ANIMAL					DATE
Transfer					3-24-24

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 Yes Lived Inside/Outside Inside Housebroken Not Really
 Disposition Good Health Good Gets along well with other pets Some Dog
 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 the animal to be adopted. I acknowledge that there may be a possibility that the animal may not be possible in all cases, and I also acknowledge that I will allow the adoption policies and procedures if I decide I want the above described animal.

Signature _____

TIME	1100 AM/PM	CUSTODY DATE	03-13-24	I.D. Case/No.	36230
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				Sound of Vandole Road near NC line Roaming. Duke	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Great Pyrenees	White/Blonde	M	4 YRS	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	Blue	None Det	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE Ann Turner-Sec					03-13-24
DISPOSITION OF ANIMAL					DATE
Trans					4-11-24

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) 368-2400, P.O. Box 1453, Richmond, VA 23218.

Name _____

Address _____

Characteristics: Good with children YRS

Disposition: Seizure Health NOT SURE

Did you contact another shelter about this animal? N

Has the animal bitten or scratched a person or animal with _____

STATEMENTS OF

I do not own the above described animal and I relinquish it

Signature _____

Or

- I am the rightful owner of the above-described animal and I acknowledge my 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 ¹⁰ AM/PM	CUSTODY DATE	03-13-24	I.D. Case/No.	36231
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]				TO much for her At 8/15/15 old Pinky Lee	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DMH	White & Gray	F	1 yr	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 Def.	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE Ann Turner-Sec					3-13-24
DISPOSITION OF ANIMAL					DATE
Transfer					3-21-27

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

Name [REDACTED] Date 3-13-24
 Address [REDACTED] Telephone _____
 Characteristics: Good with childrer Not Small Lived Inside/Outside 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? 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.

X Signature [REDACTED]

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

ANIMAL CUSTODY RECORD

CASE NO.	36232	CUSTODY DATE	3-13-24	TIME	12:04	AM / PM
----------	-------	--------------	---------	------	-------	---------

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

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
David Hampton	★ Bite quarantine ★ ★ Must speak to ACO Buck ★
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit mix	Blk/whit	F	1 year	20 lbs	None

ANIMAL IDENTIFICATION (check appropriate box)				
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
None	None	None	Pink	2 tags with name on it

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE ACO I. D. Buck PD # 372	3-13-24

DISPOSITION OF ANIMAL	DATE
Euth	4-17-24

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 §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 23216.

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	3:30 AM/PM	CUSTODY DATE	03-13-24		I.D. Case/No.	362 33 362 34			
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					Seized Behind McDonald				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
2x feline	DSH	GRY TABBY		M	1 yr	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>Carrie Turner - Sec</i>							3-13-24		
DISPOSITION OF ANIMAL							DATE		
Transfer							3.21.24		

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.

Address: [REDACTED] Date: [REDACTED]
 Telephone: [REDACTED]
 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? 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 X 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	4:42	AM/PM	CUSTODY DATE	03-13-24	I.D. Case/No.	2235
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]				TO much to handle anxiety zeus		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pitbull	Tan	M	5YRS	60#	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					03-13-24	
DISPOSITION OF ANIMAL					DATE	
E-m					3-22-24	

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

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children yes Lived Inside/Outside Inside 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 will be required to follow the adoption policies and procedures if I decide I want the

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

ANIMAL CUSTODY RECORD

This form is required by Virginia Code § 3.1-796.105.B of the Code of Virginia.

CASE NO.	36236	CUSTODY DATE	3-14-24	TIME	9:28 (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		
			caught in trap		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DMH	Grey tabby	F	2 years	8 lbs
OTHER					
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 Aco I.D. Black PO#37K					3-14-24
DISPOSITION OF ANIMAL					DATE
Euth					3-22-24

TIME	1255 AM/PM	CUSTODY DATE	03-14-24	I.D. Case/No.	36231 26238
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN 36239	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[Redacted]			They have Allergy Can't keep them.		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
3x feline	DH-2m DLH-F	Tan and Bicolor ony belly	2-M 1-F	4yrs	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 det-	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Ann Turner - Sec				03-14-24	
DISPOSITION OF ANIMAL				DATE	
Transfer				3-21-27	

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, 1163, Richmond, VA 23218.

Name [Redacted] Date 03-14-24
Address [Redacted] Telephone [Redacted]

Characteristics: Good with children yes Lived Inside/Outside Inside 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? 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.

X Signature [Redacted] _____

TIME	235 AM/PM	CUSTODY DATE	03-14-24	I.D. Case/No.	36240
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 in nursing Near Bath Lucky	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Dachshund Dotsen	Light Brown	NM	8yrs	14#
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	NM	None	Ivory Det	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Anna Turner-Sec</i>					03-14-24
DISPOSITION OF ANIMAL					DATE
Transfer					3.26.24

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: [Redacted] Date: 03-14-24
 Address: [Redacted] Telephone: N/A
 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? 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 _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	120 AM/PM	CUSTODY DATE		3-15-24		I.D. Case/No.	36241		
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	OAKS			
<input checked="" type="checkbox"/>									
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
Telephone:									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
IC	DSH	BLK/white		F	2	9			
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	none		none detected				
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE						2-5-24			
DISPOSITION OF ANIMAL						DATE			
ELAR						3-15-24			

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

Name: [REDACTED] Date: 3-15-24
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? Case in demand
Has the animal bitten or scratched a person or animal within the past 10 days? no

STATEMENTS OF SURRENDER

I do not own [REDACTED] 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

TIME	3:00 AM/PM	CUSTODY DATE	3/15/24		I.D. Case/No.	36242	
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	OTHER	
K-9	Terrier mix	Brown	F	2 yrs	10	Friendly	
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>May E. Burt</i>						3/15/24	
DISPOSITION OF ANIMAL						DATE	
ADO						3-16-24	

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.

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	2:45 AM/PM	CUSTODY DATE	3-16-24			I.D. Case/No.	36243	36244	36245
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	South Boston			
	X								
OWNER'S NAME & ADDRESS (if known)						ADDITIONAL INFORMATION			
[Redacted]						most are Sick outside or Blind / Cats			
Telephone: [Redacted]									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
8x Feline	DSH	3-ORG 2-8pt	5M 3F	6mos 3mth	5lb 2lb				
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						DATE			
[Signature]						3-16-24			
DISPOSITION OF ANIMAL						DATE			
Euth						3-16-24			

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: [Redacted] Date: 3-16-24

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

11.0 9 more in

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

TIME	830 AM/PM	CUSTODY DATE	3-16-24	I.D. Case/No.	34251
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		
Stuart VA			Is still here in 6 mos family wants back *no guarantee*		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Jab Pit x	tan & white	F	2-3yrs	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 detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				3-16-24	
DISPOSITION OF ANIMAL				DATE	
Euth				3-16-24	

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? yesWhy did they decline to accept? all etc

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

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

TIME	430 AM/PM	CUSTODY DATE	8-16-24	I.D. Case/No.	32252
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	
Stuart, VA				Charlie IS still here in 6 mos family wants back *No guarantee made*	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	labxpit	brown	M	2-3 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 (checked)	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				DATE	
DISPOSITION OF ANIMAL				DATE	
Euth				8-22-24	

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, (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? Full / etc

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

TIME	12 45 AM/PM	CUSTODY DATE	3-17-24		I.D. Case/No.	36253 36254
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"/>					D&HS	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone: 				Intersection of Newton & Dame		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Shitzu	black/tan black white on chin	M	3 yrs	35#	
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 					3-17-24	
DISPOSITION OF ANIMAL					DATE	
Adopted					3-25-24	

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) 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 back.

Signature _____

TIME	12 45 AM/PM	CUSTODY DATE	3-17-24	I.D. Case/No	36253	36254
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"/>					D&HS	
OWNER'S NAME & ADDRESS (If known)				ADDITIONAL INFORMATION		
[Redacted]				Intersection of Newton & Dame		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Shitzu	black/tan	M	2 yrs	3#	
		black white on chin	F	3 yrs	5#	Adopted
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]				3-17-24		
DISPOSITION OF ANIMAL				DATE		
Adopted				3-25-27		

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 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? _____ 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 back.

Signature _____

TIME	9:15 AM/PM	CUSTODY DATE	3-17-24	I.D. Case/No.	36257
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				cl	
Telephone: _____					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
canine	boxer	brindle & white	M	3 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	streaming chain	none attached	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE 					3-17-24
DISPOSITION OF ANIMAL					DATE
MTO					3-18-24

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 _____

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	3-17-24		I.D. Case/No.	36258	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DIO	
<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	OTHER	
Feline	D2H	gray	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)			
NONE	NONE	NONE	NONE	NONE attached			
CUSTODY RECORD PREPARED BY						DATE	
						3-17-24	
SIGNATURE & TITLE						DATE	
DISPOSITION OF ANIMAL							
T1223						4-2-24	

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) 548-3817				ANIMAL CUSTODY RECORD			
CASE NO.	36255 36256	CUSTODY DATE	3-18-24	TIME	9:00	AM	PM
REASON FOR CUSTODY (check appropriate box)							
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	M+ cross r	
2							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Pitt mix	tan	F	10 years	40 lbs	None	
	hound mix	tan	M	1 year	15 lbs	None	
ANIMAL IDENTIFICATION (check appropriate box)							
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>AGC F.D. Black ID# 774</i>						3-18-24	
DISPOSITION OF ANIMAL						DATE	
<i>Euth</i>						3-27-24	

Danville Police Department Animal Control Unit (434) 548-3017				ANIMAL CUSTODY RECORD			
CASE NO. <u>36255</u> <u>36256</u>		CUSTODY DATE <u>3-18-24</u>		TIME <u>9:00</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM			
REASON FOR CUSTODY (check appropriate box)							
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		
<u>2</u>					<u>MT cross</u>		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
<u>Canine</u>	<u>Pitt mix</u>	<u>tan</u>	<u>F</u>	<u>10 years</u>	<u>40 lb</u>	<u>None</u>	
	<u>hound mix</u>	<u>tan</u>	<u>M</u>	<u>1 year</u>	<u>15 lb</u>	<u>None</u>	
ANIMAL IDENTIFICATION (describe all tags, etc.)							
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 <u>Agc F.D. Black ID# 774</u>						<u>3-18-24</u>	
DISPOSITION OF ANIMAL						DATE	
<u>Euth</u>						<u>4-2-24</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, 1000 East Main Street, Richmond, Virginia 23218.

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Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	11:45 AM/PM	CUSTODY DATE	03-18-24	I.D. Case/No.	36259				
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				
Telephone: UNKNOWN					Roaming Around his Apartment				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Feline	DSH	gray	F	6mos	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 dot					
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE Ann Turner-Soc						03-18-24			
DISPOSITION OF ANIMAL						DATE			
Transfer						2-21-27			

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? _____ 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	12:30 AM/PM	CUSTODY DATE	03-18-24	I.D. Case/No.	36260 36261
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]				[Redacted]	
Telephone: [Redacted]				[Redacted]	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
3x Rodent	G. Pig	BRN. BIK	F	3 mos	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	not detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE [Signature]				3-18-24	
DISPOSITION OF ANIMAL				DATE	
[Signature] V3				4-30-24	

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? NO Why did they decline to accept? 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	1:10	AM/PM	CUSTODY DATE	03-18-24	I.D. Case/No.	3	263		
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	D.A.H.S.			
	X								
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
[REDACTED]					Euth poor health				
[REDACTED]									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Corgie	Chi	Tan	M	14 yrs	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 dot.					
CUSTODY RECORD PREPARED BY									
SIGNATURE & TITLE Ann Turner SIC								DATE 03-18-24	
DISPOSITION OF ANIMAL								DATE 3-18-24	

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 _____

Address _____ Telephone _____

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? _____

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.

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	1:30 AM/PM	CUSTODY DATE	03-18-24			I.D. Case/No.	6264		
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								
NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
[REDACTED]					TO Be Euth Poor health concern walk hardly				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Canine	G. Sheep	BRN BLACK IRI	F	9 yrs	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 etc.					
CUSTODY RECORD PREPARED BY									
SIGNATURE & TITLE Ann Turner Sec						DATE 3-18-24			
DISPOSITION OF ANIMAL						DATE			
Euth						3-18-24			

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 _____

Address _____ Telephone _____

Characteristics: Good with children _____ Lived Inside/Outside _____ Housebroken _____
 Disposition _____ Health Not 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? _____

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 will 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	6:14 AM	CUSTODY DATE	3/18/24	I.D. Case/No.	36267 3268
------	---------	--------------	---------	---------------	---------------

REASON FOR CUSTODY (mark appropriate box)

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

LOCATION WHERE CUSTODY WAS TAKEN

Shelter

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Telephone:

drop off - from county

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
(2) canine	beagle	(1) brwn/tan (1) wht/black/brwn	M(2)	1 yr	35 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

Signature & Title: *Rebecca Rust*

DATE

3/18/24

DISPOSITION OF ANIMAL

Euth

DATE

3-22-24

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, (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 agree to acknowledge that I will

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	1:50	AM/PM	CUSTODY DATE	3-19-24	I.D. Case/No.	36269			
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]					it was granddaughter Dora she left to mos ago never would come back her so Catherine can't keep no longer				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Canine	Shepherd	White grey Bk	F	23 yrs	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 DASH					
CUSTODY RECORD PREPARED BY									
SIGNATURE & TITLE						DATE			
Ann Farmer - Sec						3-19-24			
DISPOSITION OF ANIMAL									
Euth						DATE			
						4-4-24			

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, 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 yes
Disposition YES Health YES Gets along well with other pets yes - NOT P.I.T.S
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 bound by the adoption policies and procedures if I decide I want the

Signature _____

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

ANIMAL CUSTODY RECORD

CASE NO. 36270 CUSTODY DATE 3-19-24 TIME 13:02 AM/PM PM

REASON FOR CUSTODY (check appropriate box)

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

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Telephone:

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
<u>Canine</u>	<u>Pit mix</u>	<u>Brown</u>	<u>F</u>	<u>2 years</u>	<u>40 lbs</u>	<u>None</u>

ANIMAL IDENTIFICATION (complete with the agency of jurisdiction)

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>Pink</u>	<u>None</u>

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

AC I.D. Black #772

3-19-24

DISPOSITION OF ANIMAL

DATE

Euth

4-1-24

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 §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	ANNUAL CUSTODY RECORD (To be completed by the animal control officer)
--	---

CASE NO.	36271	CUSTODY DATE	3-19-24	TIME	1:00 AM <input checked="" type="checkbox"/> PM
----------	-------	--------------	---------	------	--

REASON FOR CUSTODY (check appropriate box)						Clear for adoption
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
Canine	Pit mix	Wht/blk	M	1 year	50 lb	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	Black	None

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE	3-19-24
ACO I.P. Black PPT#376	

DISPOSITION OF ANIMAL	DATE
Euth	3-4-24

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 §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	2:25 AM/PM		CUSTODY DATE	03-19-24		I.D. Case/No.	36272		
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]					moving, can't have her anymore, are moving to				
					Fancy				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Canine	Pit	white gray	F	2 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, Det					
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE						DATE			
Ann Turner - Sec						3-19-24			
DISPOSITION OF ANIMAL						DATE			
Euth						12-24			

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

Name _____ Date _____

Address _____ Telephone _____

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

TIME	505 AM/PM	CUSTODY DATE	03-19-24	I.D. Case/No.	36223
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]				moving CAN'T keep	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DMH	GRAY	M	1yr	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	N/A	None	None	None Det	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Ann Turner-300</i>					3-19-24
DISPOSITION OF ANIMAL					DATE
Transfer					3-21-27

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 yes Lived Inside/Outside yes 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 animal.

Signature _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	6:30 AM		CUSTODY DATE	3-19-24		I.D. Case/No.	6274		
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					Does not like leashes				
Telephone: Richmond Blvd									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Canine	Pit X	white w/ blk spot		F	2-3 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				
CUSTODY RECORD PREPARED BY: [Signature]									
SIGNATURE & TITLE					DATE				
[Signature]					3-19-24				
DISPOSITION OF ANIMAL									
Euth									
					DATE				
					4-2-24				

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 3.2-8546, 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	9:35 AM/PM	CUSTODY DATE	3-20-24	I.D. Case/No.	36275				
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					
Unknown				Feral					
Telephone:									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
feline	DSH	Orig tabby	M	2yrs	10lb	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>Nia Blissett</i>				3-20-24					
DISPOSITION OF ANIMAL				DATE					
Euth				3-28-24					

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, 1601 East Main Street, Room 163, Richmond, VA 23218.

Name: [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? _____

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 3.2-8546, 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 ²⁵ AM/PM	CUSTODY DATE	3-20-24	I.D. Case/No.	36276
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]				work too much to care for. willow	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DSH	Black	F	1yr	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	nm	nm	nm detect	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE A ✓					3-20-24
DISPOSITION OF ANIMAL					DATE
Transfer					3-21-24

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 _____ 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? 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		AM/PM		CUSTODY DATE		I.D. Case/No.	
2		AM		03-20-24		36277	
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]				Please Add to much for her. NO Vet Records At All Egg			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Chi x	White	M	1yr	10 th	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 Just			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>Anna Lerner Soc</i>						3-20-24	
DISPOSITION OF ANIMAL						DATE	
Euth						12-2-21	

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 NO Lived Inside/Outside Outside Housebroken NO
 Disposition _____ Health _____ Gets along well with other pets NO
 Did you contact another shelter about this animal? PC 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

Signal

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	2:45	AM/PM	(PM)	CUSTODY DATE	3-20-24	ID. Case/No.	36278		
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DASH			
<input checked="" type="checkbox"/>									
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
Telephone: Unknown					Between Watson Street & Montague Street, Rooming Around 7 South Side				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX AGE	APPROX WEIGHT	OTHER		
Canine	Pitbull	Brown/white		F	23mos	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	Chew		None Det.				
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE <i>Ann Turner Sec</i>						3-20-24			
DISPOSITION OF ANIMAL						DATE			
<i>Euth</i>						4-22-24			

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

Name: [REDACTED] Date: 3-20-24
 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]

- 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	7:00 AM	CUSTODY DATE	3-20-24	I.D. Case/No.	36279
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
Halifax Co					Arthritis allergies
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Boston Terrier X Lab	Black & white	NM	7-10 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	Red harness		
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					3-20-24
DISPOSITION OF ANIMAL					DATE
Transfer					3.26.24

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? yes Why did they decline to accept? Full
 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	845 AM/PM	CUSTODY DATE	3-20-24	I.D. Case No.	36280
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]				Woodberry Area	
Telephone: [REDACTED]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Srenchie	brindle	M	2 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)	
NONE	NONE	NONE	choke chain brown polka dot	NONE stated	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				3-20-24	
DISPOSITION OF ANIMAL				DATE	
PTD				32124	

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	935 AM	CUSTODY DATE	3-20-24		I.D. Case/No.	36281	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Drop Q&S	
<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	OTHER	
Feline	DSH	blk & white	F	1yr	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 detected		
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE 						3-20-24	
DISPOSITION OF ANIMAL						DATE	
Tiana						4-2-27	

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? _____ 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	630 A/PM	CUSTODY DATE	3-21-24	I.D. Case/No.	30282
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					10 DAY Hold Bite Case
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	pit x	Tan/white	M	1-2 yrs	45 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					3-20-24
DISPOSITION OF ANIMAL					DATE
Euth					4-4-24

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, 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 _____

TIME	9:45 AM/PM	CUSTODY DATE	3/21/2024	I.D. Case/No.	36283
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]				DFV - 1st set of shots Boog	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DLH	Gray	F	2 mos.	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 <i>Paula Otter Dean Director</i>					3/21/2024
DISPOSITION OF ANIMAL					DATE
Trans					4.1.21

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) 726-2483, P.O. Box 1163, Richmond, VA 23218.

Name

Date

Address

Telephone

Characteristics: Good with children

Lived Inside/Outside

Housebroken

Litter trained

Disposition

Health

Good

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	AM/PM	CUSTODY DATE	03-21-24	I.D. Case/No.	36284
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 had lime - (reds 2) 3 yrs - Rabies good 2027 Just Not working out with him. Do Tater - They adopted 2022		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Hound	Brown-White	NM	2 yrs	54.4	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	981020847553510		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <u>Anna Farmer-Sec</u>					03-21-24	
DISPOSITION OF ANIMAL					DATE	
Transfer					3-24-24	

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 yes Lived Inside/Outside Outside Housebroken yes
 Disposition Good Health Good Gets along well with other pets NO OTHER DOGS
 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 <small>The form shall be maintained for a minimum of five years by the local jurisdiction.</small>
--	--

CASE NO.	36285	CUSTODY DATE	3/21/24	TIME	11:00	AM / PM	PM
----------	-------	--------------	---------	------	-------	---------	----

REASON FOR CUSTODY (mark appropriate box)						214 Sunset Dr
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
1						

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	* Hold for Health Dept * Telephone:

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DMH	calico	F	1 year	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	3/21/24
Aco I. D. Black PTH 37K	

DISPOSITION OF ANIMAL	DATE
Euth- Lccc	3-21-24
LC	

TIME	2:15 AM/PM		CUSTODY DATE	2-21-24		ID. Case/No.	36286	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shed		
	<input checked="" type="checkbox"/>							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
Telephone: unknown				TRAPPING				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
14	DCH	Greyish	F	14	8H	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)			
A	n	n	n		none data			
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE <i>Ag</i>						3-21-24		
DISPOSITION OF ANIMAL						DATE		
Euth						3-8-24		

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 1163, Richmond, VA 23218.

Name:  Date: March 1, 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? _____ 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 AM/PM	CUSTODY DATE	03-21-24	I.D. Case/No.	36287
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] [REDACTED] [REDACTED] Telephone: [REDACTED]				Adoption - 2-27-2024 Doesn't get along with his boxer lady	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Boxer Collie	Blk-white	SF	1 ybs	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	DM	None	[REDACTED]	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE [Signature]				3-21-24	
DISPOSITION OF ANIMAL				DATE	
[Signature]				4-30-24	

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 1183, Richmond, VA 23218.

Name: [REDACTED] Date: 3-21-24

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? 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

Signature _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	4:41 AM/PM	CUSTODY DATE		03-21-24		I.D. Case/No.		36288	
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					Westover Court Park Running At Large				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Canine	Labx	Black-white		F	1yr	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	"Purple"		None det				
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE Ann. J. Juma-30						3-21-24			
DISPOSITION OF ANIMAL						DATE			
Evelyn						4-2-24			

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) 785-2100, P.O. Box 1163, Richmond, VA 23218.

Address: [REDACTED] Date: 3-21-24

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? ☒

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 3.2-8546, 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	5	AM/PM	CUSTODY DATE	03-21-24	I.D. Case/No.	36289
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"/>					DAHS	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
				Officer # 427		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Carime	Boxer	Brindle	M	3yrs	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	Chain		None	
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>Ann Janner-Sec</i>					3-21-24	
DISPOSITION OF ANIMAL					DATE	
MTO					2-22-24	

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, (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 _____

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

TIME	6:00 AM <input checked="" type="radio"/> PM <input type="radio"/>	CUSTODY DATE	3-21-24	I.D. Case/No.	36290 36291
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	
[REDACTED]				Owner arrested year ago & have just been hanging around.	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2x feline	DSH	calico calico	F F	5 lbs 5 lbs	2 yrs 2 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)	
none	none	none	none	none	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Ay Manger</i>					3-21-24
DISPOSITION OF ANIMAL					DATE
Euth					3-22-24

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, (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 agree

Danville Police Department

Danville Animal Control

X Danville Area Humane Society

Pittsylvania Animal Control

Public

TIME	6:40 AM	CUSTODY DATE	3-22-24	I.D. Case/No.	36292
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				1 pregnant grey tabby "wild" got away. I set trap outside	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DSTH	grey white	m	2y	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				DATE	
DISPOSITION OF ANIMAL				DATE	
Euth				3-28-24	

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	12:30 AM/PM	CUSTODY DATE	3-22-24	I.D. Case/No.	36293 36294
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]				Owner was moving	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
K-9	German Shepherd	Black	MF	1	40
	Blue heeler	Black & Tan	M	1	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)	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Mary L. Burrell</i>					DATE
DISPOSITION OF ANIMAL					DATE
Euth					3-22-24

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, (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? 10/1
 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

TIME	12.40 AM/PM	CUSTODY DATE	3-22-24	I.D. Case/No.	36295
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]			Safe Keeping		
Telephone: [REDACTED]			44-24		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
K-9	Terrier mix	Black	NM	3yrs	30
OTHER: Safe Keeping					
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 tag	None	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE: Mary [Signature]					3-22-24
DISPOSITION OF ANIMAL					DATE
RTO					3-20-24

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 _____ 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	12:40 AM/PM	CUSTODY DATE	3-22-24		I.D. Case/No.	36296	
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 (if known)				ADDITIONAL INFORMATION			
				Sassy			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	Pur	Black/White		F	4yr	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)		
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>May 7</i>							
DISPOSITION OF ANIMAL						DATE	
Adopted						3-28-24	

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? 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 animal back.

Signature _____

Danville Police Department Animal Control Unit (434) 548-3017				ANIMAL CUSTODY RECORD (To be completed by the person having custody of the animal)			
CASE NO.	36297	CUSTODY DATE	3-22-24	TIME	12:00	AM / PM	<input checked="" type="checkbox"/>
REASON FOR CUSTODY (check appropriate box)							[Redacted]
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	[Redacted]	
1							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	terrier mix	blk/wht	F	1 year	10 lbs	none	
ANIMAL IDENTIFICATION (complete all that apply to animal)							
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: ACO I.D. Black #372						3-22-24	
DISPOSITION OF ANIMAL						DATE	
Euth						4-9-24	

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 § 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	2:30 AM/PM	CUSTODY DATE		3-22-24		I.D. Case/No.	362983630 362993630		
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				
[REDACTED]					[REDACTED]				
Telephone: [REDACTED]					[REDACTED]				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
K-9	Beagle	Blk/white/brn		MF	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			
CUSTODY RECORD PREPARED BY:									
SIGNATURE & TITLE						DATE			
May E. Burch						3-22-24			
DISPOSITION OF ANIMAL									
Euth						DATE			
						4-9-24			

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

Signature _____

TIME	3:45 AM/PM	CUSTODY DATE	3/22/24	I.D. Case/No.	36302
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	2				
ADDRESS (if known)				ADDITIONAL INFORMATION	
[REDACTED ADDRESS]				JAZZY	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DSH	Gray Tabby	F	3 months	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)	
/	/	/	/	/	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Mary E. Brunell</i>					3/22/24
DISPOSITION OF ANIMAL					DATE
Trans					4-11-24

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 animal.

Signature _____

TIME	3:45 AM/PM	DATE	3-22-24		I.D. Case/No.	36304
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	DAHS	
	✓					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
2 Guinea Pig		BK/white Tri color	M	1	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	not done		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>May E Burch</i>					3/27/24	
DISPOSITION OF ANIMAL					DATE	
<i> euth x2</i>					4/20/24	

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 _____ 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

5:00 AM/PM

CUSTODY DATE

3-22-24

I.D. Case/No.

36305 36808
36302 36305
36307 36305

REASON FOR CUSTODY (mark appropriate box)

Stray

Owner Surrender

Seized

Bite Case

Transfer from other locality/facility

Other

LOCATION WHERE CUSTODY WAS TAKEN

DAHS

OWNER'S ADDRESS (if known)

ADDITIONAL INFORMATION

Telephone

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR/MARKINGS

SEX

APPROX. AGE

APPROX. WEIGHT

OTHER

K-9

Lab/Pit

Brown White

2 1/2 m

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

SIGNATURE & TITLE

Mary Ann Smith

DISPOSITION OF ANIMAL

Euth

DATE

3/22/24

DATE

4/1/24

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

Address

Date

Telephone

Characteristics: Good with children

Disposition Health

Lived Inside/Outside Housebroken

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

Has the animal bitten or scratched a person or animal within the past 10 days? no Why did they decline to accept? too

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 there may not be possible in all cases, and I also acknowledge the adoption policies and procedures if I decide I want the above described animal.

Signature

TIME	10:15 (AM/PM)	CUSTODY DATE	3-23-24	ID. Case/No.	36810
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	
Unknown				Dental	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSTH	Orange Tabby	M	2 yrs	10 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					
DISPOSITION OF ANIMAL					DATE
Euth					3-25-24

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

Name: [Redacted] Date: 3/23/2024
 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? _____


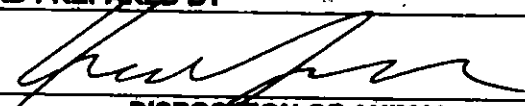
STATEMENTS OF SURRENDER

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 to want the above-described animal back.

Signature: _____

TIME	AM/PM	CUSTODY DATE		3-23-24		I.D. Case/No.	36311	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	D.H.A.S		
	<input checked="" type="checkbox"/>							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
Telephone: 				Not Seized Seized but is on with people handling her				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Feline	Domestic Short Hair	gray/white	F	1yrs	5lbs	red		
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 deleted			
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE 						03/23/24		
DISPOSITION OF ANIMAL						DATE		
Trans						4-11-24		

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 animal.

Signature  _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	12:25 AM/PM	CUSTODY DATE		03/23/24		ID. Case No.	30312		
REASON FOR CUSTODY (mark appropriate box)							LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	D. A. H. S.			
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
Unknown					Scared & red collar				
Telephone:					light male Brindle pit				
SPECIES		BREED		COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
canine		Pit		light Brindle		M	3yrs	75lbs	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		checkered Red		none detected		
CUSTODY RECORD PREPARED BY									
SIGNATURE & TITLE							DATE		
DISPOSITION OF ANIMAL							DATE		
Euth							4/2/24		

This form may be used by animal control officers, custodians of any animal 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	11:55 AM/PM	CUSTODY DATE	3-24-24	I.D. Case/No.	36313
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: CIT			caught in trap out by dumpster		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Gray tabby	F	1yr	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	not detected.	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE a [signature] KA					3-24-24
DISPOSITION OF ANIMAL					DATE
Trans					4-2-24

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

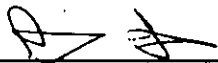
I do not own the above described animal and I relinquish custody to the Danville Area Humane Society.

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 3.2-8546, 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	830 AM/PM	CUSTODY DATE	3-24-24	I.D. Case/No.	36320 36321
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	
Unknown					
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Seline	DMH	Calico orange tabby	2F	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 attached	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE 					3-24-24
DISPOSITION OF ANIMAL					DATE
Trans					4-11-24

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.

Signature _____

TIME	830 AM/PM	CUSTODY DATE	3-24-24		I.D. Case/No.	36322 36323	
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 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	OTHER	
2x feline	DMH	Gray light Gray & white	2F	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 detected			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE						3-24-24	
DISPOSITION OF ANIMAL						DATE	
Trans						4-11-24	

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.

Signature _____

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

ANIMAL CUSTODY RECORD

CASE NO.	36324	CUSTODY DATE	3-25-24	TIME	12:37	AM / <input checked="" type="checkbox"/> PM
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REASON FOR CUSTODY (check appropriate box)

Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	N Main St
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	F	1 year	8 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

Ato I.D. Black PD # 772

3-25-24

DISPOSITION OF ANIMAL

DATE

Trans

4-2-24

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	6:15 AM/PM	CUSTODY DATE	3-24-24	ID. Case/No.	36361
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					Sick - gave antibiotics
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
DST/Sc/lin	DST	diluted tort	F	1 yr	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 selected	
CUSTODY RECORD PREPARED BY					
SIGNATURE & TITLE					DATE
DISPOSITION OF ANIMAL					DATE
Euth					3-24-24
					4-4-24

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, 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 3.2-6548, 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 _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	6:45 AM/PM	CUSTODY DATE		3-26-24		I.D. Case/No.	36229 36230		
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	D.A.H.S.			
X									
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
Construction site					Per call				
Telephone: PD-Brought					Parade				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
3x feline	DSH	2-BK/white 1-gray		2M IF	2 days	1/4 #	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						3-26-24			
DISPOSITION OF ANIMAL						DATE			
euth. 1.5cc x3 AC						3-26-24			

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 policy.

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

TIME	9:35 AM	CUSTODY DATE	3/26/24	I.D. Case/No.	36325
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		
Name: Lady Jane Gray					
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Gray tabby	F	2yrs	8lbs
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 needed	
CUSTODY RECORD PREPARED BY					
SIGNATURE & TITLE				DATE	
Mia Bliss-John KT				3/26/24	
DISPOSITION OF ANIMAL				DATE	
Euth				3-27/24	

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: [REDACTED] Date: 3/26/24
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 _____

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 Gailin Tshrefor

TIME	2:13 AM/PM	CUSTODY DATE	03-26-24		I.D. Case/No.	36326	
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]				She Adopted this Dog JR from us DAHS June 05 2023			
				Cuddles			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	JR	Tan-White	SF	1 1/2 YR	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)			
4622	None	None	None	981020047172135			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <u>Anne Janner-Sec</u>						3-26-24	
DISPOSITION OF ANIMAL						DATE	
Trans						4-17-24	

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 3-26-24

Address _____ Telephone _____

Characteristics: Good with children OK Lived Inside/Outside Outside Housebroken NO
 Disposition OK Health good Gets along well with other pets Not cats
 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 [REDACTED]

TIME	4	AM/PM	CUSTODY DATE	03-26-24		I.D. Case/No.	36327
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]				She was trying to give away but the person BACK OUT.			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Feline	DSH	BLK-GRY	F	3 mos	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 Det		
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <u>Ann Turner-Soc</u>							
DISPOSITION OF ANIMAL						DATE	
Trans						4-11-24	

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 yes Lived Inside/Outside Housebroken NO
 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 above-described animal back.

Signature _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	4 ²⁵ AM/PM	CUSTODY DATE	3-26-24			I.D. Case/No.	36328		
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					BB + Bank Rooming, Piedmont Dr.				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Feline	DSH	Blackwhite		M	1yr	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 Det.				
CUSTODY RECORD PREPARED BY							DATE		
SIGNATURE & TITLE <u>Ann Turner Sec</u>							3-26-24		
DISPOSITION OF ANIMAL							DATE		
Trans							4-2-24		

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Name: [REDACTED] Date: 3-26-24
 Address: [REDACTED] Telephone: N/A
 Characteristics: Good with children yes Lived Inside Outside Housebroken N/A
 Disposition Health Gets along well with other pets N/A
 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: [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	11 ¹⁰ AM/PM	CUSTODY DATE	08-27-24	I.D. Case No.	36382
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 has lost her job so can't keep any longer "Miss Honey" No Vets	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Lab	BROWN	F	3 YRS	40#
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>				3-27-24	
DISPOSITION OF ANIMAL				DATE	
Euth				27-4-24	

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, 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? None

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 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 animal.

Signature _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public			
TIME	1225 AM/PM	CUSTODY DATE	3-27-24	LD. Case No.	36333						
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 NOT Friendly + All						
SPECIES		BREED		ANIMAL DESCRIPTION		COLOR/MARKINGS		SEX	APPROX AGE	APPROX WEIGHT	OTHER
Feline		DSH		BIK		F		145	8#		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	
										3-27-24	
DISPOSITION OF ANIMAL											
Euth										DATE	
										4-4-24	

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, 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: [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? ☒

STATEMENTS OF SURRENDER

I do not own the 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 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: _____

Danville Police Department Animal Control Unit (434) 548-3017 36385				ANIMAL CUSTODY RECORD [REDACTED]			
CASE NO.	334 336 36337 36338	CUSTODY DATE	3-27-24	TIME	12:30	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	
REASON FOR CUSTODY (check appropriate box)							
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		
		4					
OWNER'S NAME & ADDRESS (if known)				NUTRITIONAL INFORMATION			
Telephone:				*owner done + other in 211*			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine x 4	Pit mix x 4	Brown x 3 Grey x 1	M x 2 F x 2	6 weeks	6 lbs	None	
ANIMAL IDENTIFICATION (check appropriate box)							
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/C FID. Black PPT#572				3-27-24			
DISPOSITION OF ANIMAL				DATE			
DOA				4-17-24			

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 §3.1-786.105.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 4:05 AM/PM CUSTODY DATE 03-27-24 LD. Case No. 36839

REASON FOR CUSTODY (mark appropriate box)

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

LOCATION WHERE CUSTODY WAS TAKEN

DAHS

OWNER'S NAME & ADDRESS (if known)

[Redacted]

ADDITIONAL INFORMATION

Owner doesn't want dog.

SPECIES Canine BREED Pit L COLOR/MARKINGS Brown/Black SEX M APPROX. AGE 3 YRS APPROX. WEIGHT 40# OTHER ☐

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

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

CUSTODY RECORD PREPARED BY

SIGNATURE & TITLE

Ann Farmer-See

DISPOSITION OF ANIMAL

Euth

3-27-24

DATE

4-9-24

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) 786-2463, P.O. Box 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? 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 above-described animal back.

Signature

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

TIME

12:10 AM

CUSTODY DATE

03-28-24

LD. Case No.

36340

REASON FOR CUSTODY (mark appropriate box)

Stray

Owner Surrender

Seized

Bite Case

Transfer from other locality/facility

Other

LOCATION WHERE CUSTODY WAS TAKEN

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Very old sickly
to Be Euth

SPECIES

BREED

ANIMAL DESCRIPTION

COLOR/MARKINGS

SEX

APPROX. AGE

APPROX. WEIGHT

OTHER

Canine

Lab4

Black

SF

20yrs

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 Turner-Soc

DATE

3-28-24

DISPOSITION OF ANIMAL

Euth

DATE

3-28-24

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Name

Address

Date

Telephone

Characteristics: Good with children

Yes

Disposition

Health POORLY

Lived Inside/Outside

Housebroken

Yes

Did you contact another shelter about this animal?

NO

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

Signature

TIME	2 ³⁰ AM/PM	CUSTODY DATE	3-28-24	ID. Case No.	36341	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					DAH5
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]				Upper mother can't take care of them.		
Telephone: [REDACTED]						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
3 - feline	DSH	Black & white	F	1 yr	8#	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 J. [unclear] Sec				3-28-24		
DISPOSITION OF ANIMAL				DATE		
Euth				3-28-24		

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) 786-2400, P.O. Box 1163, Richmond, VA 23218.

Name: [REDACTED] Date: 3/28/24
Address: [REDACTED]

Characteristics: Good with children ☒ (lived inside/outside) Housebroken ☒
Disposition ☒ Health Baby - partly ☒ Gets along well with other pets ☒
Did you contact another shelter about this animal? ☒ Why did they decline to accept? They would except
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.

Signature _____

TIME		CUSTODY DATE		ID. Case No.	
2:36 AM		3-28-24		36344 36345	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN 363
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]			Her mother can't take care of them NO longer		
Telephone: [REDACTED]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
83 Feline	DSH	Black-2 1/4	M	3 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 - Det	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE [Signature]					3-28-24
DISPOSITION OF ANIMAL					DATE
Trans					4-2-21

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: [REDACTED] Date: 3/28/24
 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 above-described animal back.

Signature [Signature]

TIME		3:10 AM/PM		CUSTODY DATE		3-28-24		LD. Case/No.		36347	
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]						BROSVILLE - Cherry Stone She's moving Tommy					
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
Feline	DSH	- Abby		M	13yrs	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 [Signature]								3-28-24			
DISPOSITION OF ANIMAL								DATE			
Trans								4-2-21			

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 OK Lived Inside/Outside Lived Inside Housebroken Yes
Disposition _____ Health OK 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 <u>4:10</u> AM/PM		CUSTODY DATE <u>3-28-24</u>		LD. Case/No. <u>36348</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]				<u>this dog is sick-</u>	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
<u>Canine</u>	<u>Pit</u>	<u>Black</u>	<u>M</u>	<u>10YR</u>	<u>60#</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</u>	
CUSTODY RECORD PREPARED BY <u>Ann Turner-Soc</u>					DATE <u>3-28-24</u>
SIGNATURE & TITLE <u>Ann Turner-Soc</u>					DATE <u>3-28-24</u>
DISPOSITION OF ANIMAL <u>Euth</u>					DATE <u>3-28-24</u>

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Name _____ Date 3-28-24

Address _____ Telephone _____

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

Disposition Health poor Gets along well with other pets Yes

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

2141 AM/PM

3/28/24

36349

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

Owner surrenders because is aggressive toward people killed their puppy

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
Canine	German Shep./ Pitt	Black & white	F	6 months	60 lbs	

CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	DOB (Color, tag, etc.)	OTHER IDENTIFICATION (specify)
none	none	none	none	IMP delect

SIGNATURE & TITLE Cpl. J. T. Land 361

Full 4/5/24

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) 786-2499, P.O. Box 4163, Richmond, VA 23218.

Name [redacted] Date 1/28/24
Address [redacted] Telephone [redacted]

Characteristics: Good with children yes Lived inside/outside Housebroken
Disposition: Health Good Gets along well with other pets no
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? 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 [redacted]

TIME 12:30 AM/PM		CUSTODY DATE 3-29-24		LD. Case No. 36351		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	
<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) ACD				ADDITIONAL INFORMATION Building B Purmarwood			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Feline	DMH	White	F	1	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)		
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE Mandy Smith						3-29-24	
DISPOSITION OF ANIMAL						DATE	
Trans						4-11-24	

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 3.2-8546, 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 3-29-24 AM/PM		CUSTODY DATE 2-00		ID. Case/No. 34352 36355 34353 36356 34354	
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	- Mark / Black wh Gray Tabby	3 F 2 M	1 yr 16 wks 4 w	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>Mary E. Bennett</i>					3-29-24
DISPOSITION OF ANIMAL					DATE
Trans					4-11-24

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 23216.

Name: _____ Date: 03-29

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 3.2-8546, 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		CUSTODY DATE		LD. Case/No.	
2:30 AM/PM		3-29-24		34357	
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]					Drako No time
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
K-9	Pit	Brown	M	2y	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	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <u>Man Buratto</u>					3-29-24
DISPOSITION OF ANIMAL					DATE
Euth					4-1-24

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) 786-2463, 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? See

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		CUSTODY DATE		LD. Case No.	
700 AM/PM		3-29-24		36358	
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					Sick - gave antibiotics
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Female	Siamese	gray, white, brown	♀	1 yr	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	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					3-29-24
DISPOSITION OF ANIMAL					DATE
Euth					4-4-24

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, 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		845 @AM/PM		CUSTODY DATE		3-30-84		I.D. Case/No.		34359	
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					
Bishop Ave						D					
Telephone:											
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
Canine	wire hair terrier	tri color		F	6 mos	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 selected					
CUSTODY RECORD PREPARED BY										DATE	
SIGNATURE & TITLE 										3-30-84	
DISPOSITION OF ANIMAL										DATE	
Adopted										4-5-84	

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 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	10:20 AM/PM	CUSTODY DATE	3-30-24	I.D. Case/No.	36360
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
Unknown					
Telephone: Westwood DR -					Blue eyes -
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Labxhusky	LT-Tan	M	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	Blue Blk Bones	None det	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE A h maw					3-30-24
DISPOSITION OF ANIMAL					DATE
ATO					4-7-24

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature 

Or

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

Signature _____

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

TIME	1:00 AM/PM	CUSTODY DATE	3-30-24	I.D. Case/No.	36362
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]				Says dog eats BUT NO gaining weight	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	pitx	Brown	NM	8 mos.	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	9560000 7769202	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				DATE	
DISPOSITION OF ANIMAL				DATE	
Euth				4-2-24	

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: [REDACTED] Date: 3-30-2024
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 _____

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 <input checked="" type="checkbox"/> Public	
TIME	2:20 AM/PM	CUSTODY DATE	3-30-24	I.D. Case/No.	36363		
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DATE	
	X						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[REDACTED]				Tries to Bite when Scared. Banilla Banilla Pink			
Telephone: [REDACTED]							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	pitx	Brown	F	3yrs	40lb		
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	53823	None	Red	None			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE						3-30-24	
DISPOSITION OF ANIMAL						DATE	
Eush						4-2-24	

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: [REDACTED] Date: _____
 Address: [REDACTED] Telephone: _____
 Characteristics: Good with children no Lived Inside/Outside _____ Housebroken _____
 Disposition _____ Health _____ Gets along well with other pets no
 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	AM/PM	CUSTODY DATE	3-30-24	I.D. Case/No.	36364
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]					Chin-no
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	pit/Lab.	Brown/White	M	6mths	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 AV Manig					3-30-24
DISPOSITION OF ANIMAL					DATE
Trans					4-11-24

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: [REDACTED] Date: 3-30-24
 Address: [REDACTED] Telephone: [REDACTED]
 Characteristics: Good with children YES Lived Inside/Outside NO
 Disposition friendly Health YES Gets along well with other pets YES
 Did you contact another shelter about this animal? NO Why did they decline to accept? homeless
 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.

X Signature: [REDACTED]

TIME	1045 AM/PM	CUSTODY DATE	3-31-24	I.D. Case/No.	36343
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	Shepx	blk & tan	F	2-3yrs	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 detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				3-31-24	
DISPOSITION OF ANIMAL				DATE	
Euth				4-2-24	

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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	1020 AM/PM	CUSTODY DATE	3-31-24	I.D. Case/No.	30366
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	shepherd	tan	F	1-2 yrs	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 detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE 					3-31-24
DISPOSITION OF ANIMAL					DATE
Euth					4-12-24

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

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children _____ 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.