

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

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------------------------|
| TIME | 9:30 <u>AM</u> PM | CUSTODY DATE | 5-1-24 | I.D. Case/No. | 36587 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| <input checked="" type="checkbox"/> | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | |
| Telephone: unknown | | | | TRAPPING | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Feline | DLH | Blk/Wh | M | 1yr | 11lbs |
| 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>M. Bliss-Zott KA</u> | | | | | 5-1-24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Euth | | | | | 5-6-24 |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the Department of Agriculture in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, 1000 North 1st Street, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, 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 | 11 ³⁰ AM/PM | CUSTODY DATE | 05-01-24 | ID. Case/No. | 36588 |
| 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 Be Euth Wed 11 ³⁰ AM | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Canine | Chi | White/Brown | M | 18 Wks | 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 | |
| CUSTODY RECORD PREPARED BY: | | | | DATE | |
| SIGNATURE & TITLE <i>Ann Turner-Soc</i> | | | | 05-01-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Euth LCC AH-SC | | | | 05-01-24 | |

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 5-01-24

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in 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 | 12 ²⁶ AM/PM | CUSTODY DATE | 05-01-24 | | | LD. Case/No. | 346589 | | |
| 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] | | | | | Box 724 Road, well home named Name "Kookie" | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | | |
| feline | DSH | Black/white | M | 4 YRS | 12# | None | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | | OTHER IDENTIFICATION (specify) | | | | |
| None | None | None | None | | None Det. | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | | | |
| SIGNATURE & TITLE <i>Anna J. Jumper-Soc</i> | | | | | | 05-01-24 | | | |
| DISPOSITION OF ANIMAL | | | | | | DATE | | | |
| <i>Euth</i> | | | | | | 5-6-24 | | | |

This form may be used by animal control officers, custodians, or other personnel responsible for the care of animals 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 YES
 Disposition _____ Health OK Gets along well with other pets NO
 Did you contact another shelter about this animal? NO Why did they decline to accept? _____
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

STATEMENTS OF SURRENDER

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

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-8546, 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.

| | | | | | |
|---------------------------------------------------------------------|------------------------|----------------|----------------------------|------------------------------------------------------------------|----------------|
| TIME | 12 ³⁸ AM/PM | CUSTODY DATE | 5-01-24 | I.D. Case/No. | 36590 |
| 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] | | | | Vet Record Cherry Street Come From Pet Center "Declawed" Cali | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Feline | DLH | Calico | SF | 5yrs | None |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | None | 98102002 3867422 | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE Ann. J. J. Sec | | | | | 05-01-24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Trans | | | | | 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 the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public 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) 788-6489, P.O. Box 1163, Richmond, VA 23218.

Name

Date

Address

Characteristics: Good with children yes Lived Inside/Outside yes Housebroken yes
 Disposition good Health good Gets along well with other pets yes
 Did you contact another shelter about this animal? P.C. Why did they decline to accept? No Need Adoption
 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 | 2:50 AM/PM | CUSTODY DATE | 5-1-24 | I.D. Case/No. | 36591 36592 36593 36594 36595 |
| 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] | | | | BLACK Cat - Gear Gear | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 2 cat - F 3 yr old Feline | DSH | Black cat - female | 2-F 3-M | 1 yr 2 mo 6 wks | 15 lb 12 lb 1 1/2 # |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | None | None Not | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE <i>Cen. Jamar Soc</i> | | | | | 05-01-24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Trans | | | | | 5/1/24 |

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) 726-2432, P.O. Box 4163, Richmond, VA 23218.

Name: [REDACTED] Date: May 1 2024
 Address: [REDACTED] Phone: [REDACTED]
 Characteristics: Good with children not sure Lived Inside/Outside Housebroken
 Disposition good Health good Gets along well with other pets good with cats
 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 animal.

Signature _____

| | | | | | | | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|-----------------|------------------------|--|----------------------------------|--|----------|--|
| TIME | | 2:30 AM/PM | | CUSTODY DATE | | 5-1-24 | | LD. Case/No. | | 36591 | |
| 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] | | | | | | Black Cat - Gear Gear. | | | | | |
| WCVF Martinsville VA 24112 | | | | | | | | | | | |
| Telephone: [REDACTED] | | | | | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | | | | |
| 2 cat - F 3 kitten WALK | Feline | DSH | Black Cat - Female | 2-F 3-M | 1yr 24 6 wks | 15lb 10lb 1 1/2 | | | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | | | | | | |
| None | None | None | None | None | | | | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | | | | | DATE | |
| SIGNATURE & TITLE [Signature] | | | | | | | | | | 05-01-24 | |
| DISPOSITION OF ANIMAL | | | | | | | | | | DATE | |
| with x4 | | | | | | | | | | 5-20-24 | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane volunteers to report the disposition of any animal. This form must be submitted for at least five annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 793-9433, P.O. Box 1263, Richmond, VA 23218.

Name: [REDACTED] Date: May 1 2024

Address: [REDACTED] Martinsville VA 24112 Telephone: [REDACTED]

Characteristics: Good with children not sure Lived Inside Outside Housebroken yes

Disposition good Health good Gets along well with other pets good with cats

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

Signature _____

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|-------------------------------------------------|---------------------------------------|----------------|
| TIME | 4:15 AM/PM | CUSTODY DATE | 05-01-24 | I.D. Case/No. | 36596 |
| 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] | | | Boyfriend's Dog + he is in Jail she can't keep. | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Canine | Pit | BRINDLE | M | 7yrs | 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 Dot | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE <i>Ann Turner-Sic</i> | | | | 05-01-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| with | | | | 5-25-24 | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 798-2483, P.O. Box 1163, Richmond, VA 23218.

Name *[REDACTED]* Date *5-01-24*

Address _____ Telephone _____

Characteristics: Good with children Yes Lived Inside/Outside Housebroken Yes
 Disposition Health OK Gets along well with other pets Other Male Dogs
 Did you contact another shelter about this animal? _____ Why did they decline to accept? _____
 Has the animal bitten or scratched a person or animal within the past 10 days? 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 | 645 AM/PM | CUSTODY DATE | 5-2-24 | | I.D. Case/No. | 36599 | | | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | Drop Offs | | | |
| <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 | OTHER | | |
| Canine | Heeler | tri color | | M | 2-3 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  | | | | | | 5-2-24 | | | |
| DISPOSITION OF ANIMAL | | | | | | DATE | | | |
| Trans | | | | | | 5/4/24 | | | |

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 _____

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

| | | | | | |
|------------------------------------------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------------------------|
| TIME | 6:15 AM/PM | CUSTODY DATE | 5-2-24 | I.D. Case/No. | 36600 |
| 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 |
| Canine | Pit X | Brown & white | F | 1-3 yrs | 25 |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| NONE | NONE | NONE | NONE | None detected | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE  | | | | | 5-2-24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Euth | | | | | 5-10-24 |

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


Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature  _____

Or

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

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------|
| TIME | 1:10 AM/PM | CUSTODY DATE | 05-02-24 | I.D. Case/No. | 36601 36602 |
| 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] | | | | 2nd Little of Kitten | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 4x feline | D5H | 2 OR 3-39K+ | F 3m | 5 wks | 1# |
| OTHER | | | | | |
| None | | | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | None | None Del | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE <i>Anna J. Farmer-Sie</i> | | | | 05-02-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Trans | | | | 5/7/27 | |

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

Name _____ Date 5-2-24

Address _____ Telephone _____

Characteristics: Good with children Yes Lived Inside/Outside Outside Housebroken No
 Disposition _____ Health _____ Gets along well with other pets Yes
 Did you contact another shelter about this animal? 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 Animal Control Unit (434) 548-3017 | ANNUAL CUSTODY RECORD |
|----------------------------------------------------------------------------|------------------------------|

| | | | | | | |
|----------|-------|--------------|--------|------|-------|-------------------------------------------|
| CASE NO. | 36605 | CUSTODY DATE | 5-2-24 | TIME | 11:28 | AM <input checked="" type="checkbox"/> PM |
|----------|-------|--------------|--------|------|-------|-------------------------------------------|

| | | | | | |
|--------------------------------------------|--|--|--|--|--|
| REASON FOR CUSTODY (check appropriate box) | | | | | |
|--------------------------------------------|--|--|--|--|--|

| | | | | | |
|-------|-----------------|--------------------------|-----------|---------------------------------------|--|
| Stray | Owner Surrender | Seized <i>Impound</i> | Bite Case | Transfer from other locality/facility | |
| | | 1 | | | |

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

| | | | | | | |
|--------------------|--|--|--|--|--|--|
| ANIMAL DESCRIPTION | | | | | | |
|--------------------|--|--|--|--|--|--|

| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
|---------------|------------|----------------|----------|---------------|----------------|-------------|
| <i>feline</i> | <i>DMH</i> | <i>Calico</i> | <i>F</i> | <i>1 year</i> | <i>8 lbs</i> | <i>None</i> |

| | | | | |
|-----------------------------------------------------------------|--|--|--|--|
| ANIMAL IDENTIFICATION (complete all the body of identification) | | | | |
|-----------------------------------------------------------------|--|--|--|--|

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

| | |
|---------------------------------------------------|---------------|
| CUSTODY RECORD PREPARED BY | DATE |
| SIGNATURE & TITLE <i>Alco I.D. Black PPT# 372</i> | <i>5-2-24</i> |

| | |
|-----------------------|----------------|
| DISPOSITION OF ANIMAL | DATE |
| <i>Trans</i> | <i>5-17-27</i> |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §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

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|------------------------------------------------------------------|----------------------------------|
| TIME | 3:45 AM/PM | CUSTODY DATE | 05-02-24 | I.D. Case/No. | 36610 |
| 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 | | | | Found At Blue Parker on West main Wanda would like to Adopt this | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Canine | Boxer | BROWN | F | 1yr | 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 | PINK | None det- | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE Ann Farmer - Soc | | | | | 05-02-24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Adopted | | | | | 5/16/24 |

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) 793-2222, 1000 North 1st Street, Richmond, VA 23218.

Name: [REDACTED] Date: 5-2-24
Address: [REDACTED]

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

STATEMENTS OF SURRENDER

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

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person 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 | 5-2-24 | LD. Case/No. | 34611 DOA 36612 |
| 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 | | | | Found these little cubs | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 4 Feline | DMH | 2 sealpt 1- BIKony | -2m 2F | 5 wks | 1# |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | None | None | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE Ann Janner - Sec | | | | 5-2-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Adopted x3 | | | | 5-8-24 | |

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) 795-2483, P.O. Box 1163, Richmond, VA 23218.

Name: [REDACTED] Date: 5-2-24
Address: [REDACTED] Ringgold VA. Telephone: [REDACTED]
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? 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 _____

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

| | | | | | | | |
|---------------------------------------------------------------------|-------------------|--------------------------|----------------------------|---------------------------------------|--------------------------------|----------------------------------|-------|
| TIME | 5 | AM/PM | CUSTODY DATE | 5-2-24 | I.D. Case No. | 36611 | 36612 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | 36613 36614 | |
| X | | | | | | DAHS | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | |
| Telephone: Unknown | | | | Found these little cats | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX AGE | APPROX WEIGHT | OTHER | |
| 4 Feline | DMH | 2 seal pt 1- BIK only | -dm 2F | 5wks | 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 | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | |
| SIGNATURE & TITLE Ann Janner-Sec | | | | | | 5-2-24 | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| DON | | | | | | | |

| | | | | | | | |
|----------------------------------------------------------------------------|----------------------|----------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------|--|
| Danville Police Department Animal Control Unit (434) 548-3017 | | | | ANIMAL CUSTODY RECORD <small>This form is required by 53.1-796.105.B of the Code of Virginia.</small> | | | |
| CASE NO. | 36615 | CUSTODY DATE | 5-3-24 | TIME | 10:00 | <input checked="" type="checkbox"/> AM <input type="checkbox"/> 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 | OTHER | |
| feline | DMH | Grey | M | 1 year | 8 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 | None | None | | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | |
| SIGNATURE & TITLE <i>Aco I. P. Black PD # 372</i> | | | | | | 5-3-24 | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| <i>Euth</i> | | | | | | 5-17-24 | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by 53.1-796.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form may be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

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

| | | | | | |
|---------------------------------------------------------------------|-------------------------------------|----------------|----------------------------|---------------------------------------|----------------|
| TIME | 12.30 AM/PM | CUSTODY DATE | 5-3-24 | LD. Case/No. | 36616 |
| 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 (if known) | | | | ADDITIONAL INFORMATION | |
| [Redacted] | | | | Euthanized | |
| Telephone: [Redacted] | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| K-9 | Jack/Russ | White | F | 16 | 12 |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | None | None | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE May E. Bunn | | | | 5-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Euth | | | | 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) 785-2483, P.O. Box 1163, Richmond, VA 23218.

Name: [Redacted] 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.

| | | | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------|----------------------------------|--|
| TIME | 2:55 AM/PM | CUSTODY DATE | 5-3-24 | | I.D. Case/No. | 36619 | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | DAN S | |
| X | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | |
| Telephone: | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| Feline | DMH | Blk | M | 1 yr | 10 | | |
| | DS | Gr. Tabby | F | 1 yr | 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 <i>May E. Dumas</i> | | | | | | 5-3-24 | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| Trans | | | | | | 5-4-24 | |

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 1183, Richmond, VA 23218.

X Name: [REDACTED] Date: 5/3/24
 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? 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 X _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in 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 | 3:45 AM/PM | CUSTODY DATE | 5-3-21 | LD. Case/No. | 36620 |
| 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] | | | | Saint (May not get along with other dogs) | |
| Telephone: [REDACTED] | | | | | |
| CITY/COUNTY | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| K-9 | P.H. | Yellow | 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 | None | None | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE Mary L. [Signature] | | | | 5-3-21 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| [Signature] | | | | 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 the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public 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 back.

Signature _____

| | | | | | | | | | |
|---------------------------------------------------------------------|-------------------|-------------------------|----------------------------|---------------------------------------|--------------------------------|----------------------------------|--|--------|--|
| Danville Police Department | | Danville Animal Control | | Danville Area Humane Society | | Pittsylvania Animal Control | | Public | |
| TIME | 5:00 AM/PM | CUSTODY DATE | 5-3-24 | LD. Case/No. | 3621 | | | | |
| 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 | | | | |
| [REDACTED] | | | | | Brownie | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | | |
| K-9 | P.H. | Brown | M | 3 yr | 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 | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | | | |
| SIGNATURE & TITLE May I Amwell | | | | | | 3-24 | | | |
| 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 YES Lived Inside/Outside YES Housebroken YES
 Disposition HEALTHY Gets along well with other pets NO
 Did you contact another shelter about this animal? NO Why did they decline to accept? _____
 Has the animal bitten or scratched a person or animal within the past 10 days? _____

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 responsible for any costs incurred by the Danville Area Humane Society in the care of the animal.

| | | | | | | | | | |
|---------------------------------------------------------------------|-------------------|-------------------------|----------------------------|---------------------------------------|--------------------------------|----------------------------------|-------------|--------|--|
| Danville Police Department | | Danville Animal Control | | Danville Area Humane Society | | Pittsylvania Animal Control | | Public | |
| TIME | 11:30 AM/PM | | CUSTODY DATE | 5-3-24 | | I.D. Case/No. | 30623, 4624 | | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | DAH | | | |
| 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 | | |
| Canine | pit | white/black/white | | M | 3 1/2 | 40-50 | | | |
| 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 | | | | | | DATE | | | |
| SIGNATURE & TITLE: [Signature] - PAX April | | | | | | 5-4-24 | | | |
| DISPOSITION OF ANIMAL | | | | | | DATE | | | |
| Euth | | | | | | 5-10-24 | | | |

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

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children _____ 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 _____

| | | | | | | | | | |
|---------------------------------------------------------------------|-------------------|-------------------------|----------------------------|---------------------------------------|--------------------------------|-----------------------------|-------|----------------------------------|--|
| Police Department | | Danville Animal Control | | Danville Area Humane Society | | Pittsylvania Animal Control | | Public | |
| NAME | AM/PM | CUSTODY DATE | | 5-4-24 | | I.D. Case/No. | | 36625 | |
| 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 | | | | |
| Unknown Avalon ST Telephone: | | | | | police officer Brought | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | |
| Canine | pit | white | | 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 | none | none | none | | None del | | | | |
| CUSTODY RECORD PREPARED BY | | | | | DATE | | | | |
| Signature & Title | | | | | DATE | | | | |
| DISPOSITION OF ANIMAL | | | | | DATE | | | | |
| ADO | | | | | 5-9-27 | | | | |

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 3.2-8546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

Signature _____

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

TIME

12:30 AM/PM

CUSTODY DATE

5-4-24

I.D. Case/No.

3026

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

Telephone:

original owner Reed - Does Know Command

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR/MARKINGS

SEX

APPROX. AGE

APPROX. WEIGHT

OTHER

Canine

GS-

BLK/Tan

M

3yrs

80lbs

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

CITY/COUNTY LICENSE NUMBER

RABIES TAG NUMBER

TATTOO

MAY 2024

MAY 2024

MAY 2024

MAY 2024

MAY 2024

MAY 2024

MAY 2024

MAY 2024

none

none

none

none

none

none

none

none

none

none

none

CUSTODY RECORD PREPARED BY

SIGNATURE & TITLE

Mary E. Bunt

DISPOSITION OF ANIMAL

Ethen

5/1/24

any
years, and must be
annually to the State Veterinarian
Veterinarian, (804) 786-2483, P.O. Box 1000, Richmond, VA 23211.

Address

Telephone

Characteristics: Good with children YES

Disposition Health

Lived Inside/Outside Housebroken

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 this animal. No other person has a right of property in 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.

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

TIME 1:07 AM CUSTODY DATE 5-4-24 I.D. Case/No. 3627

REASON FOR CUSTODY (mark appropriate box)

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

LOCATION WHERE CUSTODY WAS TAKEN

DAHS

NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Found in Basement

ANIMAL DESCRIPTION

| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX AGE | APPROX WEIGHT | OTHER |
|---------------|------------|-------------------|----------|--------------|---------------|-------|
| <u>feline</u> | <u>DSH</u> | <u>gray/white</u> | <u>M</u> | <u>5 WKS</u> | <u>24</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

SIGNATURE & TITLE

DISPOSITION OF ANIMAL

Euth

DATE

DATE

5-2-24

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 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 hereby surrender the 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 rules and regulations of the Danville Area Humane Society.

| | | | | | | | | | |
|---------------------------------------------------------------------|-------------------|-------------------------|----------------------------|---------------------------------------|---------------|----------------------------------|--|--------|--|
| Danville Police Department | | Danville Animal Control | | Danville Area Humane Society | | Pittsylvania Animal Control | | Public | |
| TIME | 1:40 AM/PM | CUSTODY DATE | 5-4-24 | LD. Case/No. | 3628 | 3629 | | | |
| 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 | | | | | |
| Can't Keep - Land Lord Said had to get Rid of. | | | | JR - Remi | | | | | |
| Telephone: | | | | Jade - pd. | | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX AGE | APPROX WEIGHT | OTHER | | | |
| Canine | Pit | white/brown | F | 1yr 8/12 | 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 | | | | | | | | | |
| DISPOSITION OF ANIMAL | | | | | | | | DATE | |
| EGF | | | | | | | | 7-20 | |

This form may be used by animal 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, 1004 West Broad Street, 1463, Richmond, VA 23218.

Name: [REDACTED] Date: 5/10/24

Address: [REDACTED]

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

Disposition: ☒ Health: ☒ Shots: ☒ 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 process.

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

TIME 3:34 AM ☒ PM CUSTODY DATE 5/4/24 I.D. Case/No. 36630 36631

| 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"/> | | | | | |

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

Telephone: - were his daughters cats
- black & white is "callie", grey is "dobby"

| ANIMAL DESCRIPTION | | | | | | |
|--------------------|-------|-------------------------------------|-----|------------|---------------|-------|
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX AGE | APPROX WEIGHT | OTHER |
| feline | DSH | grey tabby black/white (fixed, mcs) | F | 1 yr 3 mos | 6 lb 10 oz | |

| 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 | (black & white) MC: 9851400 28059 |

CUSTODY RECORD PREPARED BY DATE

SIGNATURE & TITLE Robert Mott 5/4/24

DISPOSITION OF ANIMAL DATE

Euth 5-6-24

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Name [redacted] Date 4/24/24
Address [redacted] Telephone [redacted]

Characteristics: Good with children Lived Inside/Outside Housebroken most of time
Disposition Fair Health Good Gets along well with other pets Sometimes
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 acknowledging that I will _____

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------------------------|----------------------------|---------------------------------------|-----------------------------------------------------|
| TIME | 800 AM/PM | CUSTODY DATE | 5-4-24 | I.D. Case/No. | 36633 36634 |
| 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 | | | | | get along w/ people and other animals/not eat other |
| Telephone: | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX AGE | APPROX WEIGHT |
| 2x canine | Pit | white & black brindle & white | M | 1 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 | black x2 | None detected x2 | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE | | | | | 5-4-24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| euth x2 | | | | | 5-7-24 |

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Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children yes Lived inside Outside Housebroken yes

Disposition _____ Health _____ Gets along well with other pets yes Not with other _____

Did you contact another shelter about this animal? yes Why did they decline to accept? not taking animals

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 | 8:50 ^{AM} PM | CUSTODY DATE | 5/5/24 | I.D. Case/No. | 36635 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| <input checked="" type="checkbox"/> | | | | | |
| OWNER'S NAME & ADDRESS (If known) | | | | | ADDITIONAL INFORMATION |
| [REDACTED] | | | | | found on baugh st. - has a chip |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| canine | bulldog x | black & wht | SF | 4 or 5 yrs | 50/60 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 | red collar | [REDACTED] | |
| CUSTODY RECORD PREPARED BY | | | | | |
| SIGNATURE & TITLE <i>Hubert Huff</i> | | | | | DATE |
| | | | | | 5/5/24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Adopted | | | | | 5.21.24 |

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 _____
Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

| | | | | | | |
|---------------------------------------------------------------------|---------------------------------------------|----------------|----------------------------|---------------------------------------|----------------------------------|-------|
| TIME | 4:10 AM <input checked="" type="radio"/> PM | CUSTODY DATE | 5/5/24 | | I.D. Case/No. | 36636 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | |
| | ✓ | | | | Shelter | |
| | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | |
| [REDACTED] | | | | - landlord didn't want pets | | |
| ANIMAL DESCRIPTION name is "beans" | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| feline | DLH | black | SF | 6 yrs | 25lbs | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | | OTHER IDENTIFICATION (specify) | |
| none | none | none | none | | none detected | |
| CUSTODY RECORD PREPARED BY | | | | | DATE | |
| SIGNATURE & TITLE <i>Ruben Rist</i> | | | | | 5/5/24 | |
| DISPOSITION OF ANIMAL | | | | | DATE | |
| Adopted | | | | | 5.6.24 | |

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

Name [REDACTED] Date 5 May 24

Address [REDACTED] Telephone [REDACTED]

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature [REDACTED]

| | | | | | |
|---------------------------------------------------------------------|-------------------|-----------------|----------------------------|---------------------------------------|--------------------------------------|
| TIME | 3:51 AM/PM | CUSTODY DATE | 5/5/24 | I.D. Case/No. | 36637 |
| 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] | | | | | drop off - landlord didn't want pets |
| ANIMAL DESCRIPTION name is "leia" | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| feline | calico (DSTH) | black/white/tan | sf | 10 yrs | 25 lbs |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| none | none | none | none | none detected | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE <i>Robert Rust</i> | | | | | 5/5/24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Adopted | | | | | 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 the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public 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) 788-6677, or the Office of the State Veterinarian, 1100 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?

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.

Signature

| | | | | | | | |
|----------------------------------------------------------------------------|--------------------------|-----------------------|-----------------------------------|----------------------------------------------------|---------------------------------------|-----------------------------------------|--|
| TIME | 4:15 AM (PM) | CUSTODY DATE | 5/5/24 | | I.D. Case/No. | 346038 | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | Shelter | |
| | ✓ | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | |
| [REDACTED] | | | | - adopted from here - landlord didn't want pets | | | |
| ANIMAL DESCRIPTION name is "Coconut" | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| feline | (DLH) Ragdoll | Wht/blk | F | 4 yrs | 30 lbs | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | | OTHER IDENTIFICATION (specify) | | |
| none | none | none | none | | none detected | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | |
| Signature & Title: <i>Robert Hurt</i> | | | | | | 5/5/24 | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| Trans | | | | | | 5-2-24 | |

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.

Signature _____

| | | | | | | | | | |
|--------------------------------------------------------------------|-------------------|-------------------------|----------------------------|---------------------------------------|-----------------------------------------------|----------------------------------|-------|--------|--|
| Danville Police Department | | Danville Animal Control | | Danville Area Humane Society | | Pittsylvania Animal Control | | Public | |
| TIME | 3:51 AM/PM | | CUSTODY DATE | 5/5/24 | | I.D. Case/No. | 36439 | | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | Shelter | | | |
| | ✓ | | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | | ADDITIONAL INFORMATION | | | | |
| [REDACTED] | | | | | drop off, doesn't like children or other dogs | | | | |
| ANIMAL DESCRIPTION (approx. 15 "Brussels") | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | | |
| canine | golden doodle | gold | M | 4 yrs | 50 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) | | | | | |
| | 11774 | none | none | none detected | | | | | |
| CUSTODY RECORD PREPARED BY: [Signature] DATE: 5/5/24 | | | | | | | | | |
| DISPOSITION OF ANIMAL | | | | | | | | | |
| Euth | | | | | | | | | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane inspectors to report and maintain records of animals. It is to be filled out by the person who has custody of the animal. The information must be made available for public inspection. 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.

| TIME | | CUSTODY DATE | | LD. Case No. | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|-----------------------------------------------------------------|
| 5:38 AM PM | | 5/5/24 | | 34640 | |
| 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] | | | | | - didn't get along great with other dog, was messing everywhere |
| ANIMAL DESCRIPTION name is "Rider" | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX AGE | APPROX WEIGHT |
| canine | pit x | brown/wht | M | 7mths | 25lbs |
| 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] | | | | | 5/5/24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| | | | | | 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 the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public 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, 1155, Richmond, VA 23218.

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

Address: [REDACTED]

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

STATEMENTS OF SURRENDER

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

SIGNATURE: [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 | 5:26 AM/PM | | CUSTODY DATE | 5/5/24 | | I.D. Case/No. | 36641 | | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | Shelter | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | | ADDITIONAL INFORMATION | | | | |
| Telephone: | | | | | drop off - has got some minor wounds | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | |
| feline | DSH | orange | | m | 10 mths. | 10 lbs | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | | OTHER IDENTIFICATION (specify) | | | | |
| none | none | none | none | | none detected | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | | | |
| SIGNATURE & TITLE <i>Ruben Proft</i> | | | | | | 5/5/24 | | | |
| DISPOSITION OF ANIMAL | | | | | | DATE | | | |
| Euth | | | | | | 6-27 | | | |

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.

36643
36642

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

| | | | | | | |
|---------------------------------------------------------------------|-------------------|--------------------|----------------------------|---------------------------------------|----------------|-------|
| TIME | 615 AMPM | CUSTODY DATE | 5-4-24 | I.D. Case/No. | 36630 | |
| REASON FOR CUSTODY (mark appropriate box) | | | | LOCATION WHERE CUSTODY WAS TAKEN | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | |
| 20 | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | ADDITIONAL INFORMATION | | | |
| Unknown | | | Pregnant | | | |
| Telephone: | | | Grown S. Boston | | | |
| ANIMAL DESCRIPTION | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| feline | DSH | gray & white tabby | F | 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 | | | | 3-4-24 | | |
| DISPOSITION OF ANIMAL | | | | DATE | | |
| Trans | | | | 5/4/27 | | |

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 _____

KITENS WHITE
1 blk white
1 grey tabby

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------------------------------------|----------------|
| TIME | AM/PM | CUSTODY DATE | 5/6/24 | ID. Case/No. | 36644 36645 |
| REASON FOR CUSTODY (mark appropriate box) | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| | X | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | |
| [REDACTED] | | | | Can't keep all of these puppies. Halifax shelter wouldn't take them | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 6x Canine | Houndx | Black & white | 4F | 3 mos. | |
| 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 | | | | 5-6-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| EULA | | | | 5-6-24 | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information provided on this form. This record shall 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 returned annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the State Veterinarian, (604) 768-2483, P.O. Box 1163, Richmond, VA 23216.

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

Address: [REDACTED] Telephone: [REDACTED]

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

Disposition: Health Gets along well with other pets YES

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------------------------|
| TIME | 1:52 AM/PM | CUSTODY DATE | 5/6/24 | I.D. Case/No. | 36650 |
| 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] Danville VA. 24541 Telephone: [Redacted] | | | | He's moving Can't No longer keep her | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Feline | DSH | Orange | SF | 1yr | 2# |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | None | None Det. | |
| CUSTODY RECORD PREPARED BY: | | | | | DATE |
| SIGNATURE & TITLE Ann Turner - Sec | | | | | 5/6/24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| with | | | | | 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 the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public 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 [Redacted]

Characteristics: Good with children Yes Lived Inside/Outside Inside 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? 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 back.

Signature _____

| | | | | | | | |
|---------------------------------------------------------------------|-------------------------------------|------------------------------|----------------------------|---------------------------------------|----------------------------------|--------|--|
| DANVILLE ANIMAL CONTROL | | DANVILLE AREA HUMANE SOCIETY | | PITTSYLVANIA ANIMAL CONTROL | | PUBLIC | |
| TIME | 3:30 AM/PM | CUSTODY DATE | 5/6/24 | | ID. Case/No. | 36651 | |
| 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 | |
| | <input checked="" type="checkbox"/> | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | |
| | | | | Kolar | | | |
| Telephone: | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| Rabbit Bunny | Bunny | Grayish Black | F. | 1-2y | 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 | | | | | | DATE | |
| Ann Janner - 2c | | | | | | 5-6-24 | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| Ecch | | | | | | 5-6-24 | |

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

Name: [REDACTED] Date: 05-06-24

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 _____

| Lancaster County Department | | Danville Animal Control | | Danville Area Humane Society | | Pittsylvania Animal Control | | Public | |
|---------------------------------------------------------------------|-------------------|-------------------------|----------------------------|---------------------------------------|--------------------------------------------|----------------------------------|--|--------|--|
| TIME | 4:15 AM | CUSTODY DATE | 5/6/24 | I.D. Case/No. | 36652 | 36653 | | | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | DAHS | | | |
| | X | | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | | ADDITIONAL INFORMATION | | | | |
| [REDACTED] | | | | | her mother can't take of these 3 no longer | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | | |
| 3y Feline | DSH | GRY | F | 3y 6mos. | 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 Set | | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | | | DATE | |
| SIGNATURE & TITLE <i>Anna Turner Sec</i> | | | | | | | | 5/6/24 | |
| DISPOSITION OF ANIMAL | | | | | | | | DATE | |
| Euth | | | | | | | | 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 the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public 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) 788-6000, or 1803-1803, Richmond, VA 23218.

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

Address: [REDACTED] Telephone: [REDACTED]

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

Disposition: Health FLEAS Gets along well with other pets yes

Did you contact another shelter about this animal? yes Why did they decline to accept? not insville they wouldn't take her

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 | 4:30 | AM/PM | CUSTODY DATE | 5-6-24 | I.D. Case/No. | 36655 36656 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | |
| | X | | | | | DAYS |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | |
| [REDACTED] | | | | SHUSH MIS | | |
| ANIMAL DESCRIPTION | | | | | | |
| SPECIES | BREED | COLOR | MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 2 female | DLH/DSH | GREY | calico | F/F | 1 1/2 y | 7# |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | |
| None | None | None | None | None | | |
| CUSTODY RECORD PREPARED BY | | | | | DATE | |
| SIGNATURE & TITLE | | | | | 5-6-24 | |
| DISPOSITION OF ANIMAL | | | | | DATE | |
| Euth | | | | | 5-8-24 | |

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 a period of five years and must be made available for public inspection upon request. Information on this form is to be summarized and reported annually to the State Department of Agriculture in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, 1000 North 17th Street, 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?

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 Animal Control Danville Area Humane Society Pittsylvania Animal Control Public | | | | | | |
| TIME | 5 AM <input checked="" type="radio"/> PM | CUSTODY DATE | 5/6/24 | | LD. Case/No. | 36658 |
| 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 Westover woltie | | |
| ANIMAL DESCRIPTION | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| Canine | Sheep X | Tan | NM | 2 YRS | 25# | None |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | | OTHER IDENTIFICATION (specify) | |
| None | None | None | Chy BIKN/bN | | [REDACTED] | |
| CUSTODY RECORD PREPARED BY | | | | | DATE | |
| SIGNATURE & TITLE <i>Ann Turner Sec</i> | | | | | 5/6/24 | |
| DISPOSITION OF ANIMAL | | | | | DATE | |
| Trans | | | | | 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 the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public 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: 5-6-24
 Address: [REDACTED] Telephone: 934 709-0492

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 [REDACTED] and I relinquish custody to the Danville Area Humane Society.

Signature _____

Or

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

Signature _____

| Danville Animal Control | | Danville Area Humane Society | | Pittsylvania Animal Control | | Public | |
|---------------------------------------------------------------------|-------------------|------------------------------|----------------------------|---------------------------------------|----------------|----------------------------------|--|
| TIME | 645 (AM/PM) | CUSTODY DATE | 5-7-24 | I.D. Case No. | 36059 | | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | | |
| X | | | | | | DAYS | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | |
| Telephone: Drop off | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| Feline | DSH. | grey tab | F | 6w | 11 | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | | |
| None | none | none | none | none | | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | |
| SIGNATURE & TITLE <i>KA</i> | | | | | | 5-7-24 | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| Etha | | | | | | 25-21 | |

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, 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 ⁵⁰ AM/PM | CUSTODY DATE | 5/7/24 | LD. Case/No. | 36660 36661 36662 36663 36664 |
| REASON FOR CUSTODY (mark appropriate box) | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| | X | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | |
| [REDACTED] | | | | CAN'T Afford them | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 5X Feline | 4xDSH 1 DMH | 1-F BLACK 2-F TORT 2 BIK | 3-F 2M | 8 wks | 1 1/2 |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | None | None | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE <i>Ann Janner-Soc</i> | | | | 5/7/24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Euth | | | | 5/8/24 | |

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 three years, and must be made available for inspection by any person who requests it. This form shall be provided to the animal control officer or humane investigator who is responsible for the animal's care. This form shall be provided to the animal control officer or humane investigator who is responsible for the animal's care. This form shall be provided to the animal control officer or humane investigator who is responsible for the animal's care.

Name: [REDACTED] Date: [REDACTED]

Address: [REDACTED] Telephone: [REDACTED]

Characteristics: Good with children OK Lived Inside/Outside Housebroken N

Disposition Health Gets along well with other pets YES

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

Danville Police Department

Animal Control Unit

(434) 548-3017

ANIMAL CUSTODY RECORD

| | | | | | |
|----------|-------|--------------|--------|------|-------------------------------------------------|
| CASE NO. | 36665 | CUSTODY DATE | 5-7-24 | TIME | 12:15 AM <input checked="" type="checkbox"/> 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**

Telephone:

ANIMAL DESCRIPTION

| | | | | | | |
|---------|---------|----------------|-----|-------------|----------------|-------|
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| Canine | Pit mix | Brown/wht | M | 1 year | 30 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 ACU I.P. Davis pet # 372

5-7-24

DISPOSITION OF ANIMAL

DATE

Euth

5-15-24

| | | | | | | | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|-------------|--------------------------------|-------|----------------------------------|--|-------|--|
| TIME | | 2:43 AM/PM | | CUSTODY DATE | | 5/7/24 | | I.D. Case/No. | | 36666 | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | DA HS | | | | | |
| 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 | DMH | gray-white | | F | 1YR | 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 Def | | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | | | DATE | | | |
| SIGNATURE & TITLE <i>Carmelma Soc</i> | | | | | | | | 5/7/24 | | | |
| DISPOSITION OF ANIMAL | | | | | | | | DATE | | | |
| Trans | | | | | | | | 5/4/27 | | | |

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, P.O. Box 1163, Richmond, VA 23218.

Address: _____ Date: 5/7/24

Telephone: _____

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

Disposition _____ Health _____ Gets along well with other pets YES

Did you contact another shelter about this animal? _____ 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 custody of the above-described animal 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 3.2-6548, 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: _____

650 AM/PM
 CUSTODY DATE
 5-8-24
 LD. Case No. 36671

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

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

DAYS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Telephone: Drop off

ANIMAL DESCRIPTION

| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
|---------|-----------|----------------|-----|-------------|----------------|-------|
| Danish | Herrier x | tri | F | low | 2# | |

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

| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) |
|----------------------------|-------------------|--------|----------------------------|--------------------------------|
| none | none | none | none | not detected |

CUSTODY RECORD PREPARED BY

SIGNATURE & TITLE A Cottrell

DATE

5-8-24

DISPOSITION OF ANIMAL

DATE

RT back 2 shelter

This form may be used by animal 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 | | 3:17 AM/PM | | CUSTODY DATE | | 5/8/24 | | LD. Case/No. | | 34674 | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | DAHS | | | | | |
| | X | | | | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | | | ADDITIONAL INFORMATION | | | | | |
| [Redacted] | | | | | | Can't keep Rosie | | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | | | |
| Feline | DSH | OR9 | | F | 12 wks | 10 lbs | None | | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | | | OTHER IDENTIFICATION (specify) | | | | | |
| None | None | None | None | | | None det. | | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | | | DATE | | | |
| SIGNATURE & TITLE Ann Janner-see | | | | | | | | 5/8/24 | | | |
| DISPOSITION OF ANIMAL | | | | | | | | DATE | | | |
| Adopted | | | | | | | | 5/14/24 | | | |

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

Name: [Redacted] Date: 5/8/24
 Address: [Redacted] Telephone: [Redacted]
 Characteristics: Good with children Yes Lived Inside/Outside Housebroken Yes
 Disposition Health ? Gets along well with other pets Yes
 Did you contact another shelter about this animal? NO Why did they decline to accept? 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 _____

| | | | | | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------|-----------------|--------|-----------|---------------------------------------|-------|-------------------------------------|--|--|--|--|--|
| <div style="display: flex; justify-content: space-between;"> 4:50 AM PM CUSTODY DATE </div> | | <div style="display: flex; justify-content: space-between;"> 5/8/24 I.D. Case No. 36676 </div> | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> REASON FOR CUSTODY (mark appropriate box) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Stray</td> <td style="width:15%;">Owner Surrender</td> <td style="width:15%;">Seized</td> <td style="width:15%;">Bite Case</td> <td style="width:15%;">Transfer from other locality/facility</td> <td style="width:15%;">Other</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> </div> <div> LOCATION WHERE CUSTODY WAS TAKEN <div style="font-size: 2em; margin-top: 10px;">DAHS</div> </div> </div> | | | | Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | <input checked="" type="checkbox"/> | | | | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | | | | | | | | | | |
| <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) Telephone: UNKNOWN | | ADDITIONAL INFORMATION North main by Surfer Roaming in Road 2 days | | | | | | | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | | | | | | | | |
| Canine | Pitbull | White/BRN | F | 8 yrs | 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 det. | | | | | | | | | | | |
| CUSTODY RECORD PREPARED BY | | | | DATE | | | | | | | | | | | |
| SIGNATURE & TITLE <i>Anna Turner-Soc</i> | | | | 5/8/24 | | | | | | | | | | | |
| DISPOSITION OF ANIMAL | | | | DATE | | | | | | | | | | | |
| RTO | | | | 5/17/24 | | | | | | | | | | | |

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

Name: [REDACTED] Date: 5/8/24

Address: [REDACTED] Telephone: [REDACTED]

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

Disposition _____ Health _____ Gets along well with other pets Yes

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

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

STATEMENTS OF SURRENDER

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

Signature: [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 | 2:53 AM/PM | CUSTODY DATE | 5/7/24 | I.D. Case/No. | 366667 366668 |
| 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 kept mother Can't keep other | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX AGE | APPROX WEIGHT |
| 4x Feline | DSH | 2 Tort | 3F | 9 wks | 2# |
| OTHER | | | | | |
| Non | | | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | NONE | None | None | None Det | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE <i>Amber Turner Sec</i> | | | | 5/7/24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| | | | | | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 786-8400, 2000 North 13th Street, Richmond, VA 23218.

Name: [REDACTED] Date: 5/7/24
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 _____

| | | | | | |
|---------------------------------------------------------------------|-------------------|-----------------|----------------------------|---------------------------------------|----------------|
| TIME | 2:53 AM/PM | CUSTODY DATE | 5/7/24 | LB. Case/No. | 36667 36668 |
| 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 kept mother | | |
| Telephone: [Redacted] | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 4x Feline | DSH | 2 tan 2 tort | 1 M 3 F | 9 wks | 2# |
| OTHER | | | | | |
| Non | | | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | NONE | None | None | None Det | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE: [Signature] | | | | | 5/7/24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| With VB | | | | | 5/8/24 |

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 about the animal. Information on this form is to be used for identification only and is not to be used for any other purpose. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 781-2400, 2000 N. 1st St., Richmond, VA 23218.

Name: [Redacted] Date: 5/7/24

Address: [Redacted] Phone: [Redacted]

Characteristics: Good with children Lived Inside/Outside Housebroken
Disposition Health Gets along well with other pets
Did you contact another shelter about this animal? 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 ANIMAL CONTROL | | DANVILLE AREA HUMANE SOCIETY | | PITTSYLVANIA ANIMAL CONTROL | | PUBLIC | |
|---------------------------------------------------------------------|-------------------|------------------------------|----------------------------|---------------------------------------|----------------|----------------------------------|--|
| TIME | 2:15 AM | CUSTODY DATE | 5/8/24 | LD. Case/No. | 36672 | | |
| 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 | | | | found in parking lot UNDER A CAR | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| Feline | DSH | BLACK | M | 5-6 wks | 1# | None | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | | |
| None | None | None | None | None Det | | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | |
| SIGNATURE & TITLE <i>Ann Turner - Sec</i> | | | | | | 5/8/24 | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| Euth | | | | | | 5/13/24 | |

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 three 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) 788-6400, P.O. Box 1163, Richmond, VA 23218.

Name: [REDACTED] Date: 5/8/24
 Address: [REDACTED] Telephone: [REDACTED]
 Characteristics: Good with children? ? Lived Inside/Outside? NO Housebroken? NO
 Disposition: ? Health: ? Gets along well with other pets? NO
 Did you contact another shelter about this animal? NO Why did they decline to accept? NO
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

STATEMENTS OF SURRENDER

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

Signature: [REDACTED]

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in 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 | 2:54 AM/PM | CUSTODY DATE | 5/8/24 | LD. Case/No. | 36673 |
| 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 | | | | Found Nissan - she is At under car hurt leg | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Feline | DSH | gray | F | 7-8 wks | 1# |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | None | None Det | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE Ann Juma Soc | | | | | 5/8/24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| 1 1/2 ce LCAH | | | | | 5-8-24 |

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, 1001-700 Commonwealth Blvd., Richmond, VA 23218.

Name: [REDACTED] Date: 5-8-24

Address: [REDACTED] Telephone: [REDACTED]

Characteristics: Good with children? Lived Inside/Outside? Housebroken? N/A
 Disposition: Health: hurt Gets along well with other pets: YES
 Did you contact another shelter about this animal? N/A 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: _____

| | | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|------------------------------------------|---------------------------------------|----------------------------------|--------|
| TIME | 4:17 AM/PM | CUSTODY DATE | 5/8/24 | LD. Case/No. | 36675 | Public |
| 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] | | | Roommate doesn't like CAHS Boomer ANG | | | |
| ANIMAL DESCRIPTION | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| Feline | D&H | gray tabby | M | 6 mos | 5# | 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] | | | | | 5/8/24 | |
| DISPOSITION OF ANIMAL | | | | | DATE | |
| Trans | | | | | 5-17-24 | |

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

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

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

| | | | | | | | |
|----------------------------------------------------------------------------------------------|-------------------------------------------|--------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|--|
| AGENCY NAME: <div style="text-align: center; font-size: 1.2em;">36680 36679</div> | | | | ANIMAL CUSTODY RECORD <small>This form includes all mandated information as required by §3.2-6557.B of the Code of Virginia.</small> | | | |
| ANIMAL ID | 36678 36677 | CUSTODY DATE | 5 / 9 / 2024 | TIME | 10:00 AM PM | | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN | | |
| Stray/ At Large/ Unowned | Owner Surrender | Seized | Bite Case Quarantine | Transfer from Another Releasing Agency | Other | | |
| | 4 | | | <input type="checkbox"/> Virginia <input type="checkbox"/> Out of State | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | |
| | | | | - "tatter tot", M, Maltese; 14, wht, 15 lbs - "tinkerbell", F, Maltese; 14, wht, 8 lbs - "wags", M, Shetland, 14, blk, 8 lbs - "blondy", F, Poodle; 14, wht, 8 lbs | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| Species | Breed | Color/markings | Sex | Approx. Age | Approx. Weight | | |
| Canine x 4 | Maltese x 2 Shetland x 1 Poodle x 1 | Wht x 3 Blk x 1 | M x 2 F x 2 | 14 years | 15 lbs x 1 8 lbs x 3 | | |
| ANIMAL IDENTIFICATION (check for all forms and complete all boxes. If not found, write NONE) | | | | | | | |
| City/county License number | Rabies tag Number | Tattoo | Collar (color, type, etc.) | Other identification microchip, ID tag, etc. | | | |
| None | None | None | tatter tot = blk collar | None | | | |
| CUSTODY RECORD PREPARED BY: | | | | DATE: 5 / 9 / 2024 | | | |
| Signature & title: ALO I. V. Black ID #37R | | | | | | | |
| DISPOSITION OF ANIMAL | | | | DATE: ___ / ___ / 20__ | | | |
| Return to owner | Adopted | Euthanized | Died in custody | Transferred to another Virginia releasing agency (name of agency) | Transferred to Out-of-state releasing agency (name of agency) | | |
| | | ✓ 5-10-24 | | | | | |

This form may be used by animal control officers, custodians of any public or private animal shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.2-6557.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 Animal Care and Emergency Response, (804) 692-4001, P.O. Box 1163, Richmond, Virginia 23218.

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------|
| TIME | 10:58 (AM/PM) | CUSTODY DATE | 5-9-24 | ID. Case/No. | 36681 |
| 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 | | | | Found By Astoria Hetc | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Canine | Bulldog French | Grey Brown | M. | 2y | 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 | Black harness | | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE A. Galt LA | | | | 5-9-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| T.R.F. | | | | 6-10-24 | |

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

Name _____ Date _____

Address _____ Telephone _____

Characteristics: _____
 Disposition _____
 Did you contact _____
 Has the animal _____
 /Outside Housebroken _____
 its along well with other pets _____
 y did they decline to accept? _____
 last 10 days? _____

ENDER

to the Danville Area Humane Society.

I do not own the

Signature _____

- I am the No other euthanize possible allowing them to be adopted. I acknowledge that may not be possible in 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.
- d I surrender all property rights in such animal. knowledge the animal may be immediately subsection D, subdivisions 1 through 5. When ever-released animals for 24 hours before

Signature _____

| | | | | | | | |
|---------------------------------------------------------------------|-------------------|------------------------------|----------------------------|---------------------------------------|----------------|----------------------------------|--|
| Danville Animal Control | | Danville Area Humane Society | | Pittsylvania Animal Control | | Public | |
| TIME | 7:15 AM/PM | CUSTODY DATE | 5-7-24 | LB. Case/No. | 26682 | | |
| 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"/> | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | |
| Telephone: | | | | Dog had one shot | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| 10 | Pit | Br/wh | M | 3 yrs | 30 lbs | None | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | | |
| None | None | None | None | None listed | | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | |
| SIGNATURE & TITLE <i>Ray Mary</i> | | | | | | 5-7-24 | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| Euth | | | | | | 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 the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public 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.

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

ANIMAL CUSTODY RECORD

CASE NO.

326683

CUSTODY DATE

5-9-24

TIME

11:08

AM 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.
AGEAPPROX.
WEIGHT

OTHER

Canine

Shepherd mix

whf

M

2 years

20 lbs

ANIMAL IDENTIFICATION (check appropriate box, or indicate "None")

CITY/COUNTY
LICENSE NUMBERRABIES TAG
NUMBER

TATOO

COLLAR
(Color, type, etc.)

OTHER IDENTIFICATION (specify)

None

None

None

None

None

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

Aco I.D. Black PD# 372

5-9-24

DISPOSITION OF ANIMAL

DATE

Euth

5-22-24

| | | | | | | | | | | | |
|---------------------------------------------------------------------|----------------------|---------------------------|-------------------------------|---------------------------------------------|----------|-----------------------------------------------|-------------------|-------------------------------------|--|--------|--|
| AM/PM | | CUSTODY DATE | | 5-9-24 | | I.D. Case/No. | | 36684 36685 | | Public | |
| 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"/> | | | | | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | | | ADDITIONAL INFORMATION | | | | | |
| Telephone: <u>UNKNOWN</u> | | | | | | <u>Running AT LARGE Killingham other Pets</u> | | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | | | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | | |
| 2x <u>Carine</u> | <u>Beagle X</u> | <u>TAN white tan grey</u> | | | <u>F</u> | <u>3yrs</u> | <u>30#</u> | <u>None</u> | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | | | OTHER IDENTIFICATION (specify) | | | | | |
| <u>None</u> | <u>None</u> | <u>None</u> | <u>None</u> | | | <u>None Det</u> | | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | | | DATE | | | |
| SIGNATURE & TITLE <u>Ann Janner-Sec</u> | | | | | | | | <u>5-9-24</u> | | | |
| DISPOSITION OF ANIMAL | | | | | | | | DATE | | | |
| <u>NTU</u> | | | | | | | | <u>51322</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 1183, Richmond, VA 23218.

Address: [REDACTED] Date 5-9-24

Characteristics: Good with children Not Sure Lived Inside/Outside Housebroken

Disposition Health Gets along well with other pets NO

Did you contact another shelter about this animal? NO Why did they decline to accept? 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 surrender custody to the Danville Area Humane Society.

Signature: [REDACTED]

Or

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

Signature: _____

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------|
| TIME | 4:43 AM/PM | CUSTODY DATE | 5/9/24 | ID. Case No. | 36686 34687 |
| REASON FOR CUSTODY (mark appropriate box) | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| X | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | |
| Telephone: unknown | | | | Trapping in Parker | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 3x Feline | DSH | white tort | 1M 2F | 5wks | 1# |
| OTHER | | | | | |
| None | | | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | None | None Def. | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE Anne Jarmu-Sec | | | | 05/09/24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Euth | | | | 5/3/24 | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This report shall be maintained for three years and must be made available for public inspection upon request. Information on this form is to be confidential and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 788-2163, P.O. Box 4163, Richmond, VA 23218.

Name: [Redacted] Date: 5/9/24
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? N/A 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 [Redacted] 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 | 435 AM/PM | CUSTODY DATE | 5/9/2024 | I.D. Case/No. | 36689 | Public |
| REASON FOR CUSTODY (mark appropriate box) | | | | LOCATION WHERE CUSTODY WAS TAKEN | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | DAH5 |
| X | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | |
| Telephone: UNKNOWN | | | | Loomat At Nordan Shopping in parking lot | | |
| ANIMAL DESCRIPTION | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX AGE | APPROX WEIGHT | OTHER |
| Feline | | Blk white | F | 5wk | # | 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 | | | | 5/9/24 | | |
| DISPOSITION OF ANIMAL | | | | DATE | | |
| Trans | | | | 5.14.27 | | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 785-2483, P.O. Box 1163, Richmond, VA 23218.

Name: [REDACTED] Date: 5/9/24

Address: [REDACTED] Telephone: [REDACTED]

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

Disposition NOT seen Health NOT seen Gets along well with other pets YES

Did you contact another shelter about this animal? P. Cate Why did they decline to accept? They Full - Don't

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

FROM City

STATEMENTS OF SURRENDER

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

Signature _____

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

ANIMAL CUSTODY RECORD
 This form is to be used to record the custody of an animal.
 It is to be maintained for at least five years.

| | | | | | |
|----------|-------|--------------|--------|------|--------------|
| CASE NO. | 36690 | CUSTODY DATE | 5-9-24 | TIME | 5:03 AM / PM |
|----------|-------|--------------|--------|------|--------------|

REASON FOR CUSTODY (mark appropriate box)

| | | | | | | |
|-------|-----------------|--------|-----------|---------------------------------------|-------|-----------------|
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | College Park dr |
| 1 | | | | | | |

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

| | |
|------------|--|
| Telephone: | |
|------------|--|

ANIMAL DESCRIPTION

| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
|---------|--------------|----------------|-----|-------------|----------------|-------|
| Canine | Shepherd mix | wht | F | 2 years | 60 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 <i>ACO I.D. Black PD# 372</i> | 5-9-24 |

| | |
|------------------------------|-------------|
| DISPOSITION OF ANIMAL | DATE |
| <i> euth </i> | 5-22-24 |

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 §3.1-796.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

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

ANIMAL CUSTODY RECORD

| | | | | | | |
|----------------------------------------------------------------------------|--------------------------|-----------------------|-----------------------------------|---------------------------------------|-----------------------|--------------------------------------------------------------------|
| CASE NO. | 3669/ | CUSTODY DATE | 5-10-24 | TIME | 9:20 | <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 | Glendale Ave |
| 1 | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | |
| Telephone: | | | | | | |
| ANIMAL DESCRIPTION | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| feline | DMH | Blk | M | 1 day | 0.1 lbs | non |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "None") | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | |
| non | non | non | non | non | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE |
| SIGNATURE & TITLE A10 I.D. Black #FF372 | | | | | | 5-10-24 |
| DISPOSITION OF ANIMAL | | | | | | DATE |
| Euth 1 1/2 cc 1 day - fly maggots on g. lc | | | | | | 5-10-24 |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §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.

36701 m 5 $\frac{Bk}{white}$ 2 D511

| KINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
|-------|-----|----------------|-------------------|-------|
| | | | | |

| | |
|--------------------------------------|---------------------------------------|
| COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) |
| | |

DATE _____

5-10-24/

DATE _____

5-14-23

if any pound or shelter, representatives of a humane society, or humane the Code of Virginia. This record shall be maintained for at least five on request. Information on this form is to be summarized and submitted questions regarding this form may be directed to the Office of the State

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

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.

Signs

| | | | | | |
|---------------------------------------------------------------------|-------------------------------------|----------------|----------------------------|-----------------------------------------|----------------------------------|
| TIME | 3:45 AM/PM | CUSTODY DATE | 5-10-24 | LB. Case/No. | 36702 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| | <input checked="" type="checkbox"/> | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADH | |
| | | | | Sherman with Does not do well around 15 | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| K-9 | Hound/Lab | Blk/white | M | 4 | 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) | |
| | | | | | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE Mary (Buch) | | | | | 5-10-24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Adoption | | | | | 5-13-24 |

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 NO Lived Inside/Outside Inside Housebroken NO

Disposition Good Health Good Gets along well with other pets NO

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

Signature _____

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|-----------------------------------|---------------------------------------|----------------|
| TIME | 800 AM/PM | CUSTODY DATE | 5-11-24 | I.D. Case/No. | 36703 |
| 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] | | | Severe eye infection unhealthy | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Feline | DSH | Blk & white | F | 7 wks | 2# |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| NONE | NONE | NONE | NONE | NONE detected | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE [Signature] | | | | 5-11-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Euth 3cc he - eye very Bad - Skinny - unhealthy - | | | | 5-11-24 | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to report and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1183, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

X Signat [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 | AM/PM | CUSTODY DATE | 5-11-24 | I.D. Case No. | 36709 36705 |
| 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 |
| 2x feline | DSH | gray tabby | M/F | 14 wks | 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 <i>Mary Beth</i> | | | | 5/11/24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Ether | | | | 6/5-24 | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public 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: *friendly* Health: _____ Gets along well with other pets ☒
Did you contact another shelter about this animal? *no* Why did they decline to accept? _____
Has the animal bitten or scratched a person or animal within the past 10 days? *no*

STATEMENTS OF SURRENDER

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

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-8546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

Signature _____

| | | | | | | | |
|---------------------------------------------------------------------|-------------------|-------------------------------|----------------------------|---------------------------------------|-------------------------------------------|----------------------------------|-------------------------|
| TIME | 1:25 AM/PM | CUSTODY DATE | 5-11-24 | LD. Case No. | 36706 36707 36708 36709 36710 | Public | 36708 36709 36710 |
| 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: | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| 5x feline | DSH | Black/white 2 grey 2 black | P 1F 3M | 2yrs 9wks | 6lb 2# | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | | |
| None | None | None | None | None det. | | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | |
| SIGNATURE & TITLE | | | | | | 5-11-24 | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| Trans | | | | | | 5-14-24 | |

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Name: [Redacted] Date: 5-11-24

Address: [Redacted] Phone: [Redacted]

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

X Signature: [Redacted]

| | | | | | | | | | |
|---------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|---------------------------------------|--------------------------------|----------------------------------|----------------|--------|--|
| Danville Police Department | | Danville Animal Control | | Danville Area Humane Society | | Pittsylvania Animal Control | | Public | |
| TIME | AM/PM | CUSTODY DATE | | 5-11-24 | | LD. Case No. | 36709 36705 | | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | DAYS | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | | ADDITIONAL INFORMATION | | | | |
| Telephone: | | | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | |
| 2x feline | DSH | gray tabby | | M/F | 14 wks | 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 | | | | | | 5-11-24 | | | |
| DISPOSITION OF ANIMAL | | | | | | DATE | | | |
| FUT | | | | | | 5-16-24 | | | |

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) 786-2462, P.O. Box 1163, Richmond, VA 23218.

Address: _____ Date: _____
 Telephone: _____
 Characteristics: Good with children ☒ Lived inside/outside ☒ Housebroken ☒
 Disposition: Friendly 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 | 1:50 AM/PM | CUSTODY DATE | 5-11-24 | I.D. Case/No. | 3711 |
|------|------------|--------------|---------|---------------|------|

REASON FOR CUSTODY (mark appropriate box)

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

LOCATION WHERE CUSTODY WAS TAKEN

DAHS

OWNER'S NAME & ADDRESS (if known)

[REDACTED]

ADDITIONAL INFORMATION

Dog is just to Row around Toddler - Knocks over Baby -

ANIMAL DESCRIPTION

| | | | | | | |
|---------|-------|----------------|-----|-------------|----------------|-------|
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| Canine | Pit. | Brown/Black | NM | 1 1/2 yr | 50# | |

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

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

CUSTODY RECORD PREPARED BY

[REDACTED]

SIGNATURE & TITLE

DISPOSITION OF ANIMAL

Euth

5-11-24

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) 788-2431, P.O. Box 1400, Richmond, VA 23218.

Name [REDACTED] Date 05-11-24

Address [REDACTED] Telephone [REDACTED]

Characteristics: Good with children ☒ Lived inside/outside ☒ Housebroken ☒ Gets along well with other pets ☒ Yes

Disposition Friendly Health Good

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-8546, 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.

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------|
| TIME | 2:45 AM/PM | CUSTODY DATE | 5-11-24 | I.D. Case/No. | 36712 36713 |
| 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] | | | | Bonded pair | |
| Telephone: [REDACTED] | | | | Delilah 'Smoky' #2 | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 2x felines | DSH | 2x Gray | SF | 4 yrs | 15# |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | [REDACTED] | |
| none | none | none | none | [REDACTED] | |
| CUSTODY RECORD PREPARED BY | | | | | |
| SIGNATURE & TITLE | | | | DATE | |
| [Signature] | | | | 5-11-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Trans | | | | 5-22-21 | |

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 1183, Richmond, VA 23218.

Name: [REDACTED] Date: 5-11-24

Address: [REDACTED] Telephone: [REDACTED]

Characteristics: Good with children _____ Lived Inside/Outside _____ Housebroken _____
 Disposition _____ Health _____ Gets along well with other pets Small / large dogs
 Did you contact another shelter about this animal? yes Why did they decline to accept? that would be put to
 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 _____

Rockingham County

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control ☒ Public

| | | | | | |
|------|------------|--------------|---------|---------------|-------|
| TIME | 3:30 AM/PM | CUSTODY DATE | 5-11-24 | I.D. Case/No. | 30714 |
|------|------------|--------------|---------|---------------|-------|

REASON FOR CUSTODY (mark appropriate box)

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

LOCATION WHERE CUSTODY WAS TAKEN

DAYS

OWNER'S NAME & ADDRESS (if known)

[Redacted]

ADDITIONAL INFORMATION

CFT Security office lady -

Telephone:

ANIMAL DESCRIPTION

| | | | | | | |
|---------|-------|----------------|-----|------------|---------------|-------|
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX AGE | APPROX WEIGHT | OTHER |
| Feline | DMH | Orange | M | 2yrs | 10lb | |

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

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

CUSTODY RECORD PREPARED BY

SIGNATURE & TITLE

DISPOSITION OF ANIMAL

Euth

5-17-24

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 [Redacted]

Or

I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 4. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

Signature _____

| | |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Danville Police Department Animal Control Unit (434) 548-3017 | ANIMAL CUSTODY RECORD <small>This form shall be maintained and made available for public inspection by §3.1-796.105.B of the Code of Virginia.</small> |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | | | | |
|----------|-------|--------------|---------|------|---------------|
| CASE NO. | 36715 | CUSTODY DATE | 5/13/24 | TIME | 10:23 AM / PM |
|----------|-------|--------------|---------|------|---------------|

| | | | | | | |
|-------------------------------------------|-----------------|--------|-----------|---------------------------------------|-------|-------------------|
| REASON FOR CUSTODY (mark appropriate box) | | | | | | CUSTODY WAS TAKEN |
| 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: | Friendly * |

| ANIMAL DESCRIPTION | | | | | | |
|--------------------|-------|----------------|-----|-------------|----------------|-------|
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| K9 | Rot+ | brn/bik | M | 2yrs | 70lbs | None |

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

| | |
|---------------------------------|---------|
| CUSTODY RECORD PREPARED BY | DATE |
| SIGNATURE & TITLE ASW/ly 391 | 5/13/24 |

| | |
|-----------------------|---------|
| DISPOSITION OF ANIMAL | DATE |
| ADO | 5/13/24 |

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 §3.1-796.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

| | | | | | |
|---------------------------------------------------------------------|-------------------------------------|----------------|---------------------|---------------------------------------|--------------------------------------------------------|
| TIME | 9:30 AM/PM | CUSTODY DATE | 5/12/24 | I.D. Case No. | 36716 |
| 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: | | | | | - too much to handle, can't keep anymore - AMAC vet |
| ANIMAL DESCRIPTION name is nyla | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Canine | terrier | tan | F | 3 yrs | 14 lbs |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (type, etc.) | OTHER IDENTIFICATION (specify) | |
| | | none | purple & pink | none detected | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE <i>Robert H. A.</i> | | | | | 5/12/24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Trans | | | | | 5/14/24 |

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) 799-6400, P.O. Box 1100, Richmond, VA 23210.

Name: [Redacted] Date: 5/12/24
Address: [Redacted] Telephone: 554-7729

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

STATEMENTS OF SURRENDER

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

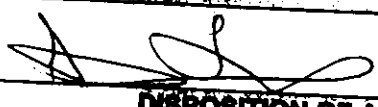
Signature: [Redacted]

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in 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 | 6:45 AM/PM | CUSTODY DATE | 5-13-24 | I.D. Case/No. | 36717 |
| 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 |
| Female | DLH | Gray | M | 2-3 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 | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE  | | | | | 5-18-24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| PU 12 | | | | | 5-19-24 |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, VA 23216.

Name _____ Date _____

Address _____ Telephone _____

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

Did you contact another shelter about this animal? _____ 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 of the Danville Area Humane Society.

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------|
| TIME | 8:00 AM/PM | CUSTODY DATE | 5-13-24 | I.D. Case/No. | 36718 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| X | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| [REDACTED] | | | | DASH | |
| ADDITIONAL INFORMATION | | | | | |
| [REDACTED] | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Seline | DSH | Blk & white | M | 4 wks | 1# |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| NONE | NONE | NONE | NONE | NONE detected | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE | | | | 5-13-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Euth | | | | 5-17-24 | |

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 4. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

Signature _____

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------|
| TIME | 12:05 AM/PM | CUSTODY DATE | 05-13-24 | I.D. Case/No. | 36719 |
| REASON FOR CUSTODY (mark appropriate box) | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| | X | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | ADDITIONAL INFORMATION | | |
| [Redacted] | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Feline | DSH | Tabby | F | 17 1/2 | 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 <i>Anna Juma - Sec</i> | | | | 05-13-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Euth LCC AH | | | | 5-13-24 | |

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

Name _____ Date _____

Address _____ Telephone _____

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

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in 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
Animal Control Unit
(434) 548-3017

ANIMAL CUSTODY RECORD

The information on this form is to be maintained for
 53.1-796.105.B of the Code of Virginia.

CASE NO. 36720 CUSTODY DATE 5/13/24 TIME 12:15 AM / PM

REASON FOR CUSTODY (mark appropriate box)

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

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Telephone:

TRAP

ANIMAL DESCRIPTION

| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
|---------------|------------|----------------|----------|----------------|-------------------|-------------|
| <u>Feline</u> | <u>DSH</u> | <u>org Tab</u> | <u>M</u> | <u>2 yrs</u> | <u>7 lbs</u> | <u>NONE</u> |

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

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

CUSTODY RECORD PREPARED BY

| SIGNATURE & TITLE | DATE |
|-------------------|----------------|
| <u>Ashley 391</u> | <u>5/13/24</u> |

DISPOSITION OF ANIMAL

| DISPOSITION | DATE |
|-------------|----------------|
| <u>Euth</u> | <u>5-13-24</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 53.1-796.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

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

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------------------------|
| TIME | 12:41 AM PM | CUSTODY DATE | 5-13-24 | LD. Case No. | 36721 36722 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| | X | | | | |
| NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | |
| [REDACTED] | | | | Just Can't Keep All of these | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 4x feline | DHAT | BIK | 2-M 2-F | 7-WKS 1yrs | 1# 8# |
| 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 Sec</i> | | | | | 5-13-24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| <i>Euth</i> | | | | | 5-24-24 |

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) 781-1571, 1000 Bankers Building, Richmond, VA 23218.

Name: [REDACTED] Date: [REDACTED]
 Address: [REDACTED]
 Characteristics: Good with children Yes Lived Inside/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? _____
 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

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

| | | | | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|--------------------------------|----------------------------------|------|--|
| TIME | 12:50 AM/PM | | CUSTODY DATE | 5-13-24 | | LD. Case/No. | 3075 | |
| 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 | | | | |
| | | | | Opello skidash-search. | | | | |
| Telephone: | | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | |
| Canine | G-SHIPX | Black tan | M | 2y | 50# | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | | OTHER IDENTIFICATION (specify) | | | |
| none | none | none | none | | none | | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | | |
| SIGNATURE & TITLE <i>KA</i> | | | | | | 5-13-24 | | |
| DISPOSITION OF ANIMAL | | | | | | DATE | | |
| <i>Euth.</i> | | | | | | 5-22-24 | | |

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.

Date 5-13-24

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? _____

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

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

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|------------------------------------------------|----------------------------------|
| TIME | AM/PM | CUSTODY DATE | 5-13-24 | I.D. Case/No. | 36724 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| | X | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | |
| [REDACTED] | | | | He got from friend But he can't keep him right | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Canine | Shih-Tzu | white | M | 1yr. | 15# |
| OTHER | | | | | |
| None | | | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | None | None | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE <i>Ann Turner-Soc</i> | | | | | 5-13-24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| <i>Euth</i> | | | | | 5-27-24 |

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

Name _____ Date _____

Address _____ Telephone _____

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

| | | | | | | | | |
|---------------------------------------------------------------------|-------------------|------------------------------|----------------------------|---------------------------------------|---------------|----------------------------------|----------------|--|
| TIME | 2:10 AM PM | | CUSTODY DATE | 5-13-24 | | LD Case # | 36728 36729 | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | 36730 36731 36732 DAHS | | |
| | X | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | | |
| [REDACTED] | | | | CAN'T Keep | | | | |
| ANIMAL DESCRIPTION | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX AGE | APPROX WEIGHT | OTHER | | |
| 5x Canine | Pit | 1 ad - white 3x tan - BEN | F 3m | 1 yr 2 m 9 wks | 50# 1# | None | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | | | |
| NONE | None | None | None | None | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | | |
| SIGNATURE & TITLE [Signature] | | | | | | 5-13-24 | | |
| DISPOSITION OF ANIMAL | | | | | | DATE | | |
| Euth | | | | | | 5-22-24 | | |

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 Lived Inside Housebroken yes - some are
 Disposition _____ Health _____ Gets along well with other pets yes
 Did you contact another shelter about this animal? NO Why did they decline to accept? NA
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

STATEMENTS OF SURRENDER

I do not own 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 | 2:10 AM | CUSTODY DATE | 5-13-24 | LD Case No. | 36728 | 36729 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | DAHS 36730 36731 36732 |
| | X | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | |
| [Redacted] | | | | CAN'T Keep | | |
| ANIMAL DESCRIPTION | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| 5x Canine | Pit | 1 ad - white 3x Tan - BEN | F 3m | 1y 2m 9wks | 50# 1# | None |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | |
| NONE | NONE | None | None | None Det | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE |
| SIGNATURE & TITLE [Redacted] | | | | | | 5-13-24 |
| DISPOSITION OF ANIMAL | | | | | | DATE |
| RTO | | | | | | 5-17-24 |

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

Name _____ Date _____
Address _____ Telephone _____
Characteristics: Good with children YES Lived Inside/Outside Lived Inside Housebroken yes - some are
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 not own the above described animal and I relinquish custody to the Danville Area Humane Society.

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-8546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

Signature _____

Danville Police Department

Animal Control Unit

(434) 548-3017

ANIMAL CUSTODY RECORD

This form must be completed and maintained by § 3.1-796.106.B of the Code of Virginia.

CASE NO.

36736
36735
36733
36734

CUSTODY DATE

5/13/24

TIME

2:1

AM / PM

REASON FOR CUSTODY (mark appropriate box)

Stray

Owner
Surrender

Seized

Bite Case

Transfer from
other
locality/facility

Other

4

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

Kittens

Telephone:

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR/MARKINGS

SEX

APPROX.
AGEAPPROX.
WEIGHT

OTHER

Feline x4

DSH x4

gry x2
white x2

M x4

4 wk x4

11bs x4

None

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

TATOO

COLLAR
(Color, type, etc.)

OTHER IDENTIFICATION (specify)

None

None

None

None

None

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

Ashley

391

5/13/24

DISPOSITION OF ANIMAL

DATE

Euth

5/17/24

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 § 3.1-796.106.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------|
| TIME | 250 AM/PM | CUSTODY DATE | 5-13-24 | I.D. Case/No. | 3073736738 |
| REASON FOR CUSTODY (mark appropriate box) | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| <input checked="" type="checkbox"/> | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | ADDITIONAL INFORMATION | | |
| Telephone: UNKNOWN | | | TRAPPING | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 2x Feline | Dsth | Tabby Seal Pt. | M F | 3wks | 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 Dst | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE <i>Ann Turner Soc</i> | | | | 5-13-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Euth | | | | 5-20-24 | |

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, 4183 Richmond, VA 23218.

Name

Date

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 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 | AM/PM | CUSTODY DATE | 5/13/24 | I.D. Case/No. | 36739 |
| 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 | | | | [REDACTED] | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Feline | DSH | White | F | 1yr | 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 | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE <i>Ann Turner-Sa</i> | | | | 5-13-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| <i>Euth</i> | | | | 5-22-24 | |

This form may be used by animal control officers, custodians or any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, VA 23216.

Name _____ Date 5-13-24

Address _____ Telephone _____

Characteristics: Good with children _____ Lived Inside/Outside Housebroken

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature [REDACTED] Or

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

Signature _____

| | | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------|-------|
| TIME | 8:40 AM/PM | CUSTODY DATE | 5/14/2024 | I.D. Case/No. | 36740 | |
| 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 | | |
| | | | | Third Ave. & Arnett Blvd. | | |
| Telephone: | | | | | | |
| ANIMAL DESCRIPTION | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| Canine | Shitzu | White/gray | M | 2 yrs. | 10 lbs. | None |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | |
| None | None | None | Harness-black | None detected | | |
| CUSTODY RECORD PREPARED BY | | | | DATE | | |
| SIGNATURE & TITLE <i>Paula Dean - Director</i> | | | | 5/14/2024 | | |
| DISPOSITION OF ANIMAL | | | | DATE | | |
| RTO | | | | 5-14-23 | | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1183, Richmond, VA 23218.

Name

Date

Address

Telephone

Characteristics: Good with children

Lived Inside/Outside Housebroken

Disposition Health

Gets along well with other pets

Did you contact another shelter about this animal?

No

Why did they decline to accept?

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

No

STATEMENTS OF SURRENDER

I, *[Signature]*, 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 9:30 AM | | CUSTODY DATE 5/13/24 | | ID. Case No. 36741 | |
| 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) | | | | | Shelter |
| Telephone: | | | | | drop off - found on NC line - correct in file |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| canine | beagle x? | tan/wht | F | 102 yrs | 20 lbs |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| none | none | none | none | none detected | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| Signature & Title Hubert Hurt | | | | | 5/13/24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Ethel | | | | | 5/30/24 |

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------------------------|
| TIME | 800 AM PM | CUSTODY DATE | 5.12.24 | I.D. Case/No. | 36748 |
| 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: | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| LC | MH | Tst | F | 2y/s | 15H |
| 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>Ar Mary</i> | | | | | 5-22 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Euth | | | | | 5-22-24 |

This form may be used by animal control officers, law enforcement, city and/or shelter, state and local health department 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 | 800 AM/PM | CUSTODY DATE | 5-13-84 | I.D. Case/No. | 34742 |
| 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: | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| IP | Pitx | Tan | DF | 3 mos | 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) | |
| none | none | none | Pink | none declared | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE | | | | DATE | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Euth | | | | 5-15-84 | |

This form may be used by animal control officers, custodians of any board 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.

| | | | | | |
|---------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|---------------------------------------|------------------------------|
| TIME | 800 AM/PM | CUSTODY DATE | 5-12-24 | I.D. Case/No. | 36743, 36744 36745, 36746 |
| 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: | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| ILYK | D.O.T | 2 BILK 36g TB | F 2F2M | 2y 1K | 10H 102 |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| non | non | non | non | non | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE <i>Ag</i> <i>McGon</i> | | | | 5-12-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Trans | | | | 5-21-27 | |

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 23216.

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

Did you contact another shelter about this animal? _____ 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 | 1100 AM/PM | CUSTODY DATE | 5-14-24 | | I.D. Case/No. | 36749 | |
| 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"/> | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | |
| [Redacted] | | | | | | | |
| Telephone: [Redacted] | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX AGE | APPROX WEIGHT | OTHER | |
| 1P | Lab X | Blk | F | 3 mos | 24 | [Signature] | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | | |
| [Signature] | [Signature] | [Signature] | [Signature] | none declared | | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | |
| [Signature] [Signature] | | | | | | 5-14-24 | |
| SIGNATURE & TITLE | | | | | | | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| [Signature] | | | | | | 5-14-24 | |

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 _____ 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 <small>This form is required by §3.1-706.105.B of the Code of Virginia.</small> |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

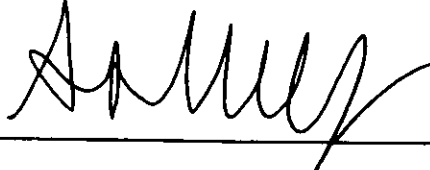
| | | | | | |
|----------|-------|--------------|---------|------|----------|
| CASE NO. | 36750 | CUSTODY DATE | 5/14/24 | TIME | 11:09 AM |
|----------|-------|--------------|---------|------|----------|

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

| | |
|-----------------------------------|------------------------|
| OWNER'S NAME & ADDRESS (if known) | ADDITIONAL INFORMATION |
| | very injured |
| Telephone: | |

| ANIMAL DESCRIPTION | | | | | | |
|--------------------|-------|----------------|-----|-------------|----------------|-------|
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| Feline | DMH | blk/whf | M | 4yrs | 10lbs | None |

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


| | |
|-----------------------------------------------------------------------------------------|---------|
| CUSTODY RECORD PREPARED BY | DATE |
|  391 | 5/14/24 |
| SIGNATURE & TITLE | |

| | |
|-----------------------|---------|
| DISPOSITION OF ANIMAL | DATE |
| luth | 5-14-24 |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-706.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

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

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

| | | | | | | | |
|-------------------------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|--------------------------------|------------------|----|
| CASE NO. | 36751 | CUSTODY DATE | 5/14/24 | TIME | 12:20 | AM / PM | PM |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | CUSTODY TAKEN BY | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | | |
| 1 | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | |
| | | | | TRAP | | | |
| Telephone: | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| White | DSH | org tab | M | 2yrs | 7lbs | 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 | |
|  | | | | | | 5/14/24 | |
| SIGNATURE & TITLE | | | | | | | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| Euth | | | | | | 5-17-24 | |

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 23218.

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------------|---------------------------------------|----------------|
| TIME | 1248 AM PM | CUSTODY DATE | 5-14-24 | I.D. Case/No. | 36752 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| K | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | LOCATION WHERE CUSTODY WAS TAKEN | | |
| Telephone: | | | Swe 12 | | |
| ADDITIONAL INFORMATION | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 1K | QBH | Gr 8th | M | 5wks | 14 |
| OTHER | | | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| none | none | none | none | none | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE | | | | 5-14-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Euth | | | | 5-20-24 | |

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) 788-2000, P.O. Box 1463, Richmond, VA 23218.

Name _____ Date 5-14-24
 Address _____ Telephone _____

Characteristics: Good with children _____ Lived Inside/Outside _____ Housebroken _____
 Disposition _____ Health _____ Gets along well with other pets _____
 Did you contact another shelter about this animal? 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 | 120 AM/PM | CUSTODY DATE | 5-14-24 | I.D. Case/No. | 2053, 36754, 36756, 36757 |
| REASON FOR CUSTODY (mark appropriate box) | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| | X | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | |
| [REDACTED] | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 2CYK | DJH | 601C | 3F | 24/5 | 15K |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | OTHER | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| none | none | none | none | none | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE | | | | 5-14-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| 26th | | | | 5-14-24 | |

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

Name _____

Date _____

Address _____

Telephone _____

Characteristics: Good with children _____

Lived Inside/Outside _____

Housebroken _____

Disposition _____

Health _____

Gets along well with other pets _____

Did you contact another shelter about this animal? no Why did they decline to accept? _____Has the animal bitten or scratched a person or animal within the past 10 days? no _____

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

| | | | | | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|--------------------------------|----------------|----------------------------------|-------|--|
| TIME | 330 AM (PM) | | CUSTODY DATE | | 5-14-24 | | I.D. Case/No. | 36759 | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | Shelter | | | |
| | R | | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | | ADDITIONAL INFORMATION | | | | |
| [Redacted] | | | | | Autumn | | | | |
| Telephone [Redacted] | | | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | |
| LC | DSH | Calico tabby | | F | 2 yrs | 7 lb | 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>Ay</u> | | | | | | | 5-17-24 | | |
| DISPOSITION OF ANIMAL | | | | | | | DATE | | |
| Trans | | | | | | | 5-21-24 | | |

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 _____
 Disposition _____ Health _____ Gets along well with other pets _____
 Did you contact another shelter about this animal? yes Why did they decline to accept? They were full
 Has the animal bitten or scratched a person or animal within the past 10 days? no

STATEMENTS OF SURRENDER

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

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, 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 | 400 AM/PM | CUSTODY DATE | 5-14-24 | ID. Case/No. | 30740 |
| 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 | |
| | | | | Food Lion SC | |
| Telephone: | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX AGE | APPROX WEIGHT |
| IL | DSH | Gr & Tdb | F | 6 wk | 14 |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| none | none | none | none | none detected | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE <i>Ar m</i> | | | | | 5-17-24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Ethel | | | | | 6-5-24 |

This form may be used by animal control officers, custodians of any pound or animal care facility, 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.

Name: [Redacted] (Date) 5/14/24
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 surrender all property rights in such animal to the Danville Area Humane Society.

Signature: [Redacted]

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

Signature: _____

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------------------------|
| TIME | 1130 AM/PM | CUSTODY DATE | 05-15-24 | I.D. Case/No. | 36761 |
| 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] | | | | Chocolate | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| IL | DSH | Blk | F | 1yr | 8lb |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| nsu | u | nsu | non | non detailed | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE <i>Am</i> <i>ms</i> | | | | | 5/15/24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Euth | | | | | 5/25/24 |

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 23216.

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets *yes*

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

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**

| | | | | | | | |
|-----------------|-------|---------------------|---------|-------------|-------|----------------|----|
| CASE NO. | 36762 | CUSTODY DATE | 5-15-24 | TIME | 11:16 | AM / PM | AM |
|-----------------|-------|---------------------|---------|-------------|-------|----------------|----|

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**

| | |
|-------------------|----------------|
| | caught in trap |
| Telephone: | |

ANIMAL DESCRIPTION

| | | | | | | |
|----------------|--------------|-----------------------|------------|--------------------|-----------------------|--------------|
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| feline | DLH | grey | F | 2 years | 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 <i>Alc I.D. Black PP# 372</i> | 5-15-24 |

| | |
|------------------------------|-------------|
| DISPOSITION OF ANIMAL | DATE |
| <i>Euth</i> | 5-17-24 |

| | | | | | | | | | |
|---------------------------------------------------------------------|-------------------|-------------------------|----------------------------|---------------------------------------|--------------------------------|----------------------------------|-------------|--------|--|
| Danville Police Department | | Danville Animal Control | | Danville Area Humane Society | | Pittsylvania Animal Control | | Public | |
| TIME | 8:00 AM/PM | CUSTODY DATE | 5-15-24 | | | I.D. Case No. | 36263 32764 | | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | DACS | | | |
| X | | | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | | ADDITIONAL INFORMATION | | | | |
| [REDACTED] | | | | | [REDACTED] | | | | |
| | | | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | |
| 2x feline | Doberman | Black | | M | 2yrs | 8lb | | | |
| | | deltorr | | F | 1yrs | 6lb | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | | OTHER IDENTIFICATION (specify) | | | | |
| None | None | None | None | | None | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | | | |
| SIGNATURE & TITLE | | | | | | DATE | | | |
| DISPOSITION OF ANIMAL | | | | | | DATE | | | |
| Euth | | | | | | 5-17-24 | | | |

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 _____

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in 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 | 106 AM/PM | CUSTODY DATE | 5-15-24 | I.D. Case/No. | 36745, 76766, 36767, 76768, 36769 |
| 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: | | | | River Danwell | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| SK | OSH | 157 TB 4 m | BF 3m | 3 wks | 102 |
| 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 | | | | 5-15-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| with X5 | | | | 5-15-24 | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 788-6100, 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 above-described animal and I relinquish custody to the Danville Area Humane Society.

Signature: [Redacted] _____
 Or

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

Signature: _____

| | | | | | | | | |
|-----------------------------------------------------------------------------------------------------|-------------------|----------------|--------------|---------------------------------------|------------------------|--------------------------------|----------------------------------|-------|
| TIME | 130 AM/PM | | CUSTODY DATE | | 5-15-24 | | I.D. Case/No. | 30770 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | Shelter | | |
| | X | | | | | | | |
| OWNER'S NAME AND ADDRESS (if known) | | | | | ADDITIONAL INFORMATION | | | |
| [Redacted] | | | | | Possible perus | | | |
| | | | | | | | | |
| Telephone: [Redacted] | | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| IP | Pit | Gr/wh | | M | 9 wks | 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 checked | | |
| CUSTODY RECORD PREPARED BY | | | | | | | DATE | |
| SIGNATURE & TITLE  | | | | | | | 5-15-24 | |
| | | | | | | | | |
| DISPOSITION OF ANIMAL | | | | | | | DATE | |
|  | | | | | | | 5-16-24 | |
| | | | | | | | | |

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 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? 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 | 4:20 AM/PM | CUSTODY DATE | 5-15-24 | I.D. Case/No. | 36771 |
| 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] | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Cat | Tennessee | Black/Tan | M | 2yrs | 25lb |
| 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 | red | none | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE [Signature] | | | | | 5-15-24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Adoption | | | | | 5-30-24 |

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature: [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 <input checked="" type="checkbox"/> | |
| TIME | 4:14 AM/PM | CUSTODY DATE | 5-15-24 | I.D. Case/No. | 36772 | | | | |
| 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"/> | | | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | | ADDITIONAL INFORMATION | | | | |
| Telephone: | | | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | | |
| 10 | Pit | Tan/white | M | 2yr | 50lb | 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: <u>Ag</u> DATE: <u>5-15-24</u> | | | | | | | | | |
| SIGNATURE & TITLE | | | | | | | | | |
| DISPOSITION OF ANIMAL | | | | | | | | | |
| Euth | | | | | | | | | |

This form may be used by animal 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: 5-15-24

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

STATEMENTS OF SURRENDER

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

Signature: [REDACTED]

Or

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

| | | | | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|------------------------|-------|----------------------------------|-------|
| TIME | 430 AM/PM | | CUSTODY DATE | | 5-15-24 | | I.D. Case/No. | 36773 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | Shel | | |
| | ✓ | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | | ADDITIONAL INFORMATION | | | |
| [REDACTED] | | | | | None | | | |
| Telephone | | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | |
| IL | Ash | Gr | F | 2y3 | 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 checked | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | | DATE | |
| SIGNATURE & TITLE [Signature] | | | | | | | | |
| DISPOSITION OF ANIMAL | | | | | | | DATE | |
| Trans | | | | | | | 5/21/24 | |

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? 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 | 4:30 AM/PM | CUSTODY DATE | 5-15-24 | I.D. Case/No. | 20074, 36775 |
| 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] | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 20 | Pit | Ghost White Brindle | 1M IF | 24 8 months | 50 lbs 60 lbs |
| 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 | Black | None dated | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| Signature: AV [Signature] Manner | | | | | 5-5-24 |
| SIGNATURE & TITLE | | | | | |
| DISPOSITION OF ANIMAL | | | | | DATE |
| [Signature] | | | | | 5-17-24 |

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets yes

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

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 DepartmentAnimal Control Unit
(434) 548-3017**ANIMAL CUSTODY RECORD**

This record shall be maintained for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

| | | | | | |
|----------|-------|--------------|---------|------|-------------|
| CASE NO. | 36776 | CUSTODY DATE | 5-16-24 | TIME | 10:22 AM PM |
|----------|-------|--------------|---------|------|-------------|

REASON FOR CUSTODY (check appropriate box)

| | | | | | | |
|-------|-----------------|--------|-----------|---------------------------------------|-------|-----------------|
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | Piney forest rd |
| 1 | | | | | | |

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

Telephone:

ANIMAL DESCRIPTION

| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
|---------|---------|----------------|-----|-------------|----------------|-------|
| Canine | Heckler | Whit | 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 | Canine | None |

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

A.C.O. I.D. Black ID# 372

5-16-24

DISPOSITION OF ANIMAL

DATE

ADO

5-17-24

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 23218.

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

This form is to be used to record and maintain information regarding the custody of animals. It is to be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding 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.

| | | | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------|--------------|----------------------------------------------------------------------|
| CASE NO. | 36777 | CUSTODY DATE | 5-16-24 | TIME | 9:38 | AM / PM | <input checked="" type="checkbox"/> AM / <input type="checkbox"/> PM |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | CUSTODY BY | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | Medeobran 25 | |
| 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 | M | 2 years | 10/65 | None | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | | |
| None | None | None | None | None | | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | |
| SIGNATURE & TITLE <i>NOI D. Black #772</i> | | | | | | 5-16-24 | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| FL 7A | | | | | | 5-21-24 | |

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 §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 | | 730 AM/PM | | CUSTODY DATE | | 5-15-24 | | ID. Case No. | | 36778 | |
| 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 - PD | | | | | |
| X | | | | | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | | | ADDITIONAL INFORMATION | | | | | |
| Unknown | | | | | | wound on side | | | | | |
| Telephone: | | | | | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | | | |
| Canine | labx | black & white | | M | 4 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 | black | | none detected | | | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | | | | | DATE | |
| SIGNATURE & TITLE | | | | | | | | | | 5-15-24 | |
| DISPOSITION OF ANIMAL | | | | | | | | | | DATE | |
| Ethen | | | | | | | | | | 6-3-24 | |

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

Name _____ Date _____

Address _____ Telephone _____

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

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 6. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

Signature _____

| | | | | | | | | | |
|---------------------------------------------------------------------|-------------------|-------------------------|----------------------------|---------------------------------------|------------------------|----------------------------------|--|---------------|--|
| Danville Police Department | | Danville Animal Control | | Danville Area Humane Society | | Pittsylvania Animal Control | | Public | |
| TIME | 200 AM/PM | CUSTODY DATE | 5-16-24 | I.D. Case/No. | 36779 | | | | |
| 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 | | | | |
| | | | | | Stray | | | | |
| Telephone: | | | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | | |
| IC | D>H | BK | M | 6 m | 10 lbs | None | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | | | | |
| None | None | None | None | None | | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | | | | |
| Signature & Title: [Signature] Manager | | | | | | | | DATE: 5-16-24 | |
| DISPOSITION OF ANIMAL | | | | | | | | | |
| Euth | | | | | | | | DATE: 5-17-24 | |

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) 780-2400, or the State Veterinarian, Richmond, VA 23218.

Address: [Redacted] Date: 5-16-24

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

STATEMENTS OF SURRENDER

I do not own the above described animal, and I surrender it to the Danville Area Humane Society.

Signature: [Redacted]

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in 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 | 200 AM/PM | | CUSTODY DATE | | 5-16-24 | | I.D. Case/No. | | 36780, 36781 | | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | | | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | | Shelter | | | | |
| | X | | | | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | | ADDITIONAL INFORMATION | | | | | | |
| [REDACTED] | | | | | | | | | | | |
| Telephone | | | | | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | | | |
| 2K | DSH | 262 | | F | 6wks | 14 | 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 | | | | | | | | | | | |
| DISPOSITION OF ANIMAL | | | | | | | DATE | | | | |
| death | | | | | | | 5-16-24 | | | | |

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 yes Lived inside/outside inside 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 animal back.

Signature _____

| | | | | | | | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------|------------------------|--|----------------------------------|--|---------|--|
| TIME | | 5:00 AM PM | | CUSTODY DATE | | 5-16-24 | | I.D. Case/No. | | 30782 | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | Shelter | | | | | |
| | X | | | | | | | | | | |
| OWNER'S NAME AND ADDRESS (if known) | | | | | | ADDITIONAL INFORMATION | | | | | |
| [REDACTED] | | | | | | Drako | | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | | | | |
| 10 | P-t | white | M | 1 yr | 25 lb | 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 listed | | | | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | | | | | DATE | |
| SIGNATURE & TITLE <i>Ar Morgan</i> | | | | | | | | | | 5-16-24 | |
| DISPOSITION OF ANIMAL | | | | | | | | | | DATE | |
| Euth | | | | | | | | | | 5-22-24 | |

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 trained
 Disposition _____ Health _____ Gets along well with other pets _____
 Did you contact another shelter about this animal? no Why did they decline to accept? _____
 Has the animal bitten or scratched a person or animal within the past 10 days? 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 the Danville Area Humane Society will keep owner-released animals for 24 hours before euthanizing them. 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.

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

This record shall be maintained for at least five years, and must be made available for public 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.

CASE NO.

36783

CUSTODY DATE

5/17/24

TIME

9

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**

Kind of Skittish

Telephone:

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR/MARKINGS

SEX

APPROX.
AGEAPPROX.
WEIGHT

OTHER

kg

Huskey
Mix

Red/brown

M

1yr

35lbs

None

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

TATOO

COLLAR
(Color, type, etc.)

OTHER IDENTIFICATION (specify)

None

None

None

Purple collar

None

CUSTODY RECORD PREPARED BY

SIGNATURE & TITLE

Johnny 391

DATE

5/17/24

DISPOSITION OF ANIMAL

DATE

Ethen

5-31-24

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by § 3.1-796.106.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

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

The purpose of this record is to document the custody of an animal from the time it is brought to the pound or shelter until it is released to its owner or a humane society, or until it is euthanized.

| | | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------|-----------|
| CASE NO. | 36784 | CUSTODY DATE | 5-17-24 | TIME | 9:10 | (AM) / 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 | | |
| | | | | Caught in trap | | |
| Telephone: | | | | | | |
| ANIMAL DESCRIPTION | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| feline | DMH | Grey | F | 1 year | 6/65 | 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 | | | | | | |
| SIGNATURE & TITLE | | | | | | DATE |
| A. O. F. D. Black PTH # 374 | | | | | | 5-17-24 |
| DISPOSITION OF ANIMAL | | | | | | |
| Euth | | | | | | DATE |
| | | | | | | 5-21-24 |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by 53.1-796.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

| | | | | | |
|---------------------------------------------------------------------|-------------------------------------|----------------|----------------------------|---------------------------------------|----------------|
| TIME | 10:45 AM/PM | CUSTODY DATE | 5-17-24 | I.D. Case/No. | 36785 |
| 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] | | | M.10 | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| F | DSH | Brown/striped | M | 1 | 12 |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | None | None | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE May 1 Buck | | | | 5-17-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Eck | | | | 5-20-24 | |

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) 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? 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 | 11:18 AM/PM | CUSTODY DATE | 5/17/24 | I.D. Case/No. | 31786 | |
| REASON FOR CUSTODY (mark appropriate box) | | | | LOCATION WHERE CUSTODY WAS TAKEN | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | |
| 1 | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | ADDITIONAL INFORMATION | | | |
| Telephone: | | | TRAPS | | | |
| ANIMAL DESCRIPTION | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| feline | M | orange | M | 2yr | 5lb | 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 Ashley 391 | | | | 5/17/24 | | |
| DISPOSITION OF ANIMAL | | | | DATE | | |
| Euth | | | | 5/24/24 | | |

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

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

| | | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------------------------|----------------|
| TIME | 5-17 | AM/PM | CUSTODY DATE | 5-17-24 | I.D. Case/No. | 36281 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 |
| | ✓ | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | |
| [REDACTED] | | | | | | |
| ANIMAL DESCRIPTION | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| 2x AMST | AMSTAFF | Brown White | F | 9wk | 5# | - |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | |
| none | none | none | none | not detected | | |
| CUSTODY RECORD PREPARED BY | | | | | DATE | |
| SIGNATURE & TITLE Mary L. Brunsell | | | | | 5-17-24 | |
| DISPOSITION OF ANIMAL | | | | | DATE | |
| Ltrk | | | | | 5-16-24 | |

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 _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in 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 | 12:50 AM/PM | CUSTODY DATE | 5-17-24 | I.D. Case/No. | 36789 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| <input checked="" type="checkbox"/> | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | |
| [Redacted] | | | | Found under car - #BC dying | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Feline | DSH | BeK | F | 9 wks | 2# |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | None | None | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE | | | | | |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Euth. 5-17-24 | | | | | 5-17-24 |

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, 720 N. 1st St., 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 above-described animal and I relinquish custody to the Danville Area Humane Society.

X Sign: [Redacted]

Or

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

Signature _____

| | | | | | | | | | |
|-------------------------------------------|-------------------------------------|-------------------------|---------------------------------|---------------------------------------|--------------------------------|----------------------------------|--------|--------|--|
| Danville Police Department | | Danville Animal Control | | Danville Area Humane Society | | Pittsylvania Animal Control | | Public | |
| TIME | 11:00 AM/PM | CUSTODY DATE | 5-17-24 | ID. Case/No. | 36790 | 36791 | A.J.S. | | |
| 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. | | | |
| | <input checked="" type="checkbox"/> | | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | | ADDITIONAL INFORMATION | | | | |
| [REDACTED] | | | | | owns lead to note | | | | |
| Telephone | | | | | | | | | |
| SPECIES | BREED | COLOR | APPROX AGE | APPROX WEIGHT | OTHER | | | | |
| K-9 | Bull/P.H. Roadie M.x | Brown/white | | 58 | 66 20 | | | | |
| ANIMAL IDENTIFICATION (complete all) | | | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLOR/TYPER (Color, type, etc.) | | OTHER IDENTIFICATION (specify) | | | | |
| none | none | none | none | | none | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | | | | |
| SIGNATURE & TITLE | | | | | DATE | | | | |
| May E. Burch | | | | | 5-17-24 | | | | |
| DISPOSITION OF ANIMAL | | | | | DATE | | | | |
| E.H.S. | | | | | 6-27-24 | | | | |

This form may be used by animal control officers, custodians of animal shelters, representatives of a humane society, or humane veterinarians. (504) 786-2483, P.O. Box 1163, Richmond, VA 23261

Name _____

Address _____

Characteristics: Good with children _____ Lived Inside/Outside _____ Housebroken _____
 Disposition _____ Health _____ Gets along well with other pets _____
 Did you contact another shelter about this animal? yes Why did they decline to accept? _____
 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 | 1:55 AM/PM | | CUSTODY DATE | 5-17-24 | | I.D. Case/No. | 360792 | | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | Shelby | | | |
| | <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 | Mk/wh | | F | 14 | 10 | nan | | |
| 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 | | | |
| Aly Manay | | | | | | 5-17-24 | | | |
| DISPOSITION OF ANIMAL | | | | | | DATE | | | |
| Euth | | | | | | 5-24-24 | | | |

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: 5/17/24
 Characteristics: Good with children _____ Lived Inside/Outside _____ Housebroken _____
 Disposition _____ Health _____ Gets along well with other pets _____
 Did you contact another shelter about this animal? 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 | 2:00 AM/PM | CUSTODY DATE | 5-17-24 | I.D. Case/No. | 36793 |
| 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: | | | | TO Be Euth for owner Testic Cancer | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Canine | Boxer | White | M | 10-12 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 | | | | | DATE |
| SIGNATURE & TITLE | | | | | |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Euth. 12cc AA | | | | | 5-17-24 |

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, (434) 785-2483, P.O. Box 1163, Richmond, VA 23218.

Name  Date 5-17-24

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

X Signature 

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

ANIMAL CUSTODY RECORD

| | | | | | | |
|---------------------------------------------------------------------|-------------------|-----------------|----------------------------|---------------------------------------|--------------------------------|-------------------------------------------|
| CASE NO. | 36794 | CUSTODY DATE | 5-17-24 | TIME | 2:30 | AM <input checked="" type="checkbox"/> PM |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | |
| Stray | Owner Surrender | Seized-Infamous | 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 | Chihuahua mix | Blk | M | 3 months | 1 lbs | None |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATOO | COLLAR (Color, type, etc.) | | OTHER IDENTIFICATION (specify) | |
| None | None | None | Blue Plur | | None | |
| CUSTODY RECORD PREPARED BY | | | | DATE | | |
| SIGNATURE & TITLE | | | | 5-17-24 | | |
| ACU I.D. Black PD#372 | | | | | | |
| DISPOSITION OF ANIMAL | | | | | DATE | |
| Adopted | | | | | 6-3-24 | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------------|----------------------------|---------------------------------------|----------------------------------|
| TIME | 4:30 AM/PM | CUSTODY DATE | 5-17-24 | I.D. Case/No. | 36795 36797 36796 36798 |
| 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) | | | | ADHS | |
| [REDACTED] | | | | | |
| Telephone: [REDACTED] | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 4 Feline | DSH | 2-BLK-1-WHT 1-GRY | 3F/M | 8 WKS | 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 <i>Mary E. Burnett</i> | | | | | 5-17-24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| <i>Euth</i> | | | | | 5-20-24 |

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? *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 4:45 AM/PM | | CUSTODY DATE 5-17-24 | | I.D. Case/No. | | | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | DAH5 | |
| | <input checked="" type="checkbox"/> | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | |
| [REDACTED] | | | | [REDACTED] | | | |
| Telephone | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| K-9 | German Shepherd | | ♂ | 12 WK | 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 | | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | |
| Maurice F. Burock | | | | | | 5-17-24 | |
| SIGNATURE & TITLE | | | | | | | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| Foster | | | | | | 5-31-24 | |

3678
268
3681
3680
3681
5680
3680

8x

This form may be used by animal control officers, custodians of any pound or shelter, and members of the public to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, VA 23216.

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

Did you contact another shelter about this animal? Yes Why did they decline to accept? Not

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 | 10:00 AM/PM | CUSTODY DATE | 5-18-24 | I.D. Case/No. | 36808 |
| 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 Be Euth. To owner | |
| Telephone: | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 2x Canine | Poodles | White Tan/white | M | 13yr | 60lb |
| 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 | | | | | 5-18-24 |

Kicked out of House where

This form may be used by animal 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.

Name: [REDACTED] Date: _____

Address: NO ADDRESS - Kicked out of friends house - That Died Telephone: _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature [REDACTED]

| | | | | | | | | |
|-------------------------------------------------------------------------------|-------------------|-------------------------|----------------------------|---------------------------------------|----------------|----------------------------------|--|--------|
| Danville Police Department | | Danville Animal Control | | Danville Area Humane Society | | Pittsylvania Animal Control | | Public |
| TIME | 10:15 AM/PM | CUSTODY DATE | 5-18-24 | I.D. Case/No. | 36809 | | | |
| 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 | | | | |
| Brother in Jail Telephone: His dog gave permission for sister to bring him | | | | Zoey | | | | |
| ANIMAL DESCRIPTION | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | |
| Canine | Pit x | Tan/white | 1F | 6 Mths | 2# | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | | | |
| None | None | None | Blueish | None | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | | |
| SIGNATURE & TITLE | | | | | | | | |
| DISPOSITION OF ANIMAL | | | | | | DATE | | |
| Euth | | | | | | 5-22-24 | | |

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) 786-6400, 1000 East 10th Street, Richmond, VA 23218.

Name: [Redacted] Date: [Redacted]

Address: [Redacted]

Characteristics: Good with children ☒ Lived Inside/Outside ☒ Housebroken ☒ Cage train. ☒

Disposition: [Redacted] Health: [Redacted] Gets along well with other pets: [Redacted]

Did you contact another shelter about this animal? ☒ 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: [Redacted]

Or

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

Signature

| | | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|-------------------------------------------------------------------|----------------------------------|-------|
| TIME | 12 | AM/PM | CUSTODY DATE | 5-18-24 | I.D. 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 | | | | | DAHS | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | |
| 58 West between James Road & Beach Ave. Telephone: | | | | Client of AMC - Couldn't contact owner Per call from AMC - TIM | | |
| ANIMAL DESCRIPTION | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| Canine | Boston Terrier | Brown/white | M | 3yr. | 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 | | | |
| CUSTODY RECORD PREPARED BY | | | | DATE | | |
| SIGNATURE & TITLE | | | | DATE | | |
| DISPOSITION OF ANIMAL | | | | DATE | | |
| NTO | | | | 5-18-24 | | |

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) 788-2488, 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?

STATEMENTS OF SURRENDER

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

Signature

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

Signature

| | | | | | | | | | |
|---------------------------------------------------------------------|-------------------|-------------------------|----------------------------|---------------------------------------|------------------------|-----------------------------|----------------------------------|--------|--|
| Danville Police Department | | Danville Animal Control | | Danville Area Humane Society | | Pittsylvania Animal Control | | Public | |
| TIME | 1:15 | AM/PM | CUSTODY DATE | 5-18-24 | I.D. Case/No. | 6811 | 3681 | 368 | |
| 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] | | | | | [REDACTED] | | | | |
| Telephone | | | | | [REDACTED] | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | | |
| 19- feline | DSH | | 3F | 1yr 4wks | 5wks | | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | | | | |
| none | none | none | none | none det | | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | | DATE | | |
| SIGNATURE & TITLE | | | | | | | | | |
| DISPOSITION OF ANIMAL | | | | | | | DATE | | |
| DASH | | | | | | | | | |

This form may be used by animal 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) 788-3333, P.O. Box 1163, Richmond, VA 23218.

Name: [REDACTED] Date: 5/18/24

Address: [REDACTED] Telephone: [REDACTED]

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

Disposition _____ Health _____ Gets along well with other pets _____

Did you contact another shelter about this animal? _____ 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 1:15 | | AM/PM | | CUSTODY DATE 5-18-24 | | I.D. Case/No. 36811 | | 36812 | |
| REASON FOR CUSTODY (mark a) | | | | | | | | | |
| Stray | Owner Surrender | Seized | Bits Case | | | | | | |
| | X | | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | 36814 calico F 4WKS | | | | | |
| [REDACTED] | | | | 36815 Tort F | | | | | |
| [REDACTED] | | | | 36816 Blk/white F | | | | | |
| [REDACTED] | | | | 36817 Blk/white M | | | | | |
| [REDACTED] | | | | 36818 Blk M | | | | | |
| [REDACTED] | | | | 36819 gray Tabby M 5WKS | | | | | |
| [REDACTED] | | | | 36820 gray F | | | | | |
| [REDACTED] | | | | 36821 gray/white | | | | | |
| [REDACTED] | | | | 36822 Blk/white | | | | | |
| [REDACTED] | | | | 36823 gray/white 5WKS | | | | | |
| [REDACTED] | | | | 36824 org/white | | | | | |
| [REDACTED] | | | | 36825 Blk/white | | | | | |
| [REDACTED] | | | | 36826 [REDACTED] | | | | | |
| [REDACTED] | | | | 36827 gray/white | | | | | |
| [REDACTED] | | | | 36828 org/white 5WKS | | | | | |

19-

- 1 Calico F 14k
- 2 Gray/White Tabby F
- 4 gray/white
- 1 Blk/white
- 1 org/white
- 1 gray tabby
- 1 gray
- 1 Calico F
- 1 Tort F
- 1 Blk

36828- org/white 5WKS
Euth- 3cc 5-18-24 LC

Inside/Outside Housebroken
Gets along well with other pets
Why did they decline to accept?
in the past 10 days?

OF SURRENDER

custody to the Danville Area Humane Society.

I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in 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. Where possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before euthanizing. I acknowledge that may not be possible in all cases, and I also acknowledge the policies and procedures if I decide I want to

| | | | | | | | | | |
|-----------------------------------|-----------------|-------------------------|--------------|------------------------------|--|-----------------------------|-------|--------|-------|
| Danville Police Department | | Danville Animal Control | | Danville Area Humane Society | | Pittsylvania Animal Control | | Public | |
| TIME | 1:15 | AM/PM | CUSTODY DATE | 5-18-24 | | ID. Case/No. | 36811 | 36812 | 36813 |
| REASON FOR CUSTODY (mark a) | | | | | | | | | |
| Stray | Owner Surrender | Seized | Bite Case | | | | | | |
| | X | | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | | | | | | |
| [REDACTED] | | | | | | | | | |
| Telephone [REDACTED] | | | | | | | | | |
| SPECIES | BREED | COLO | | | | | | | |
| 19- feline | DSH | | | | | | | | |
| ANIMAL IDENTIFICATION | | | | | | | | | |

36814 calico F WKS
 36815 Tort F
 36816 Blk/white F
 36817 Blk/white M
 36818 Blk M
 36819 gray Tabby M WKS
 36820 gray F
 36821 gray/white
 36822 Blk/white
 36823 gray/white WKS
 36824 org/white
 36825 Blk/white
 36826 gray/white
 36827 gray/white

1 Calico F 1Y
 2- Gray/white Tabby F
 4 gray/white
 1 org/white
 1 gray tabby
 1 gray
 1 Calico F
 1 Tort F
 1 Blk

36828- org/white 4Ys
 Euth- 3cc 5-18-24 Lc

Inside/Outside Housebroken
 Gets along well with other pet
 Why did they decline to accept
 in the past 10 days?

OF SURRENDER Euth 5-20-24

custody to the Danville Area Humane Society.

I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in 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 ☒ Public

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------|
| TIME | 11:15 AM/PM | CUSTODY DATE | 5-18-24 | I.D. Case/No. | 30829 36830 |
| 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: | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 2 feline | DSTH | Black white | 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 det. | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE | | | | | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Euth | | | | 5-24-24 | |

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) 793-2100, P.O. Box 1163, Richmond, VA 23261.

Name  Date 5/18/24
Address  Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature  _____

Or

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

Signature _____

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

TIME 1:40 AM/PM CUSTODY DATE 5-18-24 I.D. Case/No. 36831

REASON FOR CUSTODY (mark appropriate box)

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

LOCATION WHERE CUSTODY WAS TAKEN

OWNER'S NAME & ADDRESS (if known) DARTS

ADDITIONAL INFORMATION

Species Canine Breed Beagle Color/Markings Brown/white Sex F Approx. Age 2y Approx. Weight 20 Other

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

| | | | | |
|----------------------------|-------------------|-------------|----------------------------|--------------------------------|
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) |
| <u>none</u> | <u>none</u> | <u>none</u> | <u>canine</u> | <u>not detectable</u> |

CUSTODY RECORD PREPARED BY LA DATE 5-18-24

SIGNATURE & TITLE [Signature] DISPOSITION OF ANIMAL Adopted DATE 6-27-24

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

Name [Redacted] Date [Redacted]

Address [Redacted] Telephone [Redacted]

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

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

Did you contact another shelter about this animal? [Redacted] Why did they decline to accept? [Redacted]

Has the animal bitten or scratched a person or animal within the past 10 days? [Redacted]

STATEMENTS OF SURRENDER

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

[Redacted Signature]

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, 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 Signature]

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

| | | | | | | |
|---------------------------------------------------------------------|-------------------|-------------------|----------------------------|---------------------------------------|----------------------------------|-------|
| TIME | 3:00 AM/PM | CUSTODY DATE | 5-18-24 | I.D. Case/No. | 36834 36835 | 36836 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | |
| X | | | | | DAYS | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | |
| Unknown | | | | Found - in Basement | | |
| Telephone: | | | | | | |
| ANIMAL DESCRIPTION | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| 3x feline | DMH | 1 gray 2 black | M | 4 wks | 2# | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | |
| none | none | none | none | none et. | | |
| CUSTODY RECORD PREPARED BY | | | | | DATE | |
| SIGNATURE & TITLE | | | | | DATE | |
| DISPOSITION OF ANIMAL | | | | | DATE | |
| Euth | | | | | 5-20-24 | |

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Name

Address

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

STATEMENTS OF SURRENDER

I do not own 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.

| | | | | | | | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|-------------|--------------------------------|-------|----------------------------------|--|-------|--|
| TIME | | 3:20 AM/PM | | CUSTODY DATE | | 5-18-24 | | I.D. Case/No. | | 36837 | |
| 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] | | | | | | Found along Hwy- | | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | | | |
| feline | Dm H | Black | | F | 4wks | 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 def. | | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | | | | | DATE | |
| SIGNATURE & TITLE | | | | | | | | | | | |
| DISPOSITION OF ANIMAL | | | | | | | | | | DATE | |
| | | | | | | | | | | | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1463, Richmond, VA 23218.

No. [REDACTED] Date 5/18/24
 Address [REDACTED] Telephone [REDACTED]
 Characteristics: Good with children _____ Lived Inside/Outside _____ Housebroken _____
 Disposition _____ Health _____ Gets along well with other pets _____
 Did you contact another shelter about this animal? _____ 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.

[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 _____

| | | | | | | | | | |
|---------------------------------------------------------------------|-------------------|-------------------------|----------------------------|---------------------------------------|--------------------------------|----------------------------------|--|----------------------------------|--|
| Office Department | | Danville Animal Control | | Danville Area Humane Society | | Pittsylvania Animal Control | | Public | |
| TIME | 11:15 AM/PM | CUSTODY DATE | | 5-19-24 | | I.D. Case No. | | 36838, 36837, 36841, 36842, 3684 | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | DATTB | | | |
| | X | | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | | ADDITIONAL INFORMATION | | | | |
| [REDACTED] | | | | | | | | | |
| Telephone: | | | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | | |
| 7x Canine | Ausie mix | See attached paper | BF HM | 9w | 10# | | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | | OTHER IDENTIFICATION (specify) | | | | |
| none | none | none | none | | not detected | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | | | |
| SIGNATURE & TITLE [Signature] | | | | | | 5-19-24 | | | |
| DISPOSITION OF ANIMAL | | | | | | DATE | | | |
| Trans | | | | | | 5-26-24 | | | |

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) 788-3333, or the State Veterinarian, VA 23218.

Name [REDACTED] Date 5-19-24

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.

Signature [REDACTED]

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|-------------------------------------------|----------------|
| TIME | 1200 AM/PM | CUSTODY DATE | 5-19-24 | I.D. Case/No. | 30845 |
| 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 ADDRESS (if known) | | | | ADDITIONAL INFORMATION | |
| [REDACTED] | | | | given to son by friend parents said no | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| canine | lab | black & white | M | 12 wks | 10 lbs |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| NONE | NONE | NONE | NONE | NONE detected | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE [Signature] | | | | 5-19-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Ethen | | | | 6-3-24 | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public 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: 5-19-24
 Address: [REDACTED] Telephone: [REDACTED]
 Characteristics: Good with children YES Lived Inside/Outside Inside Housebroken AS
 Disposition AS Health AS Gets along well with other pets YES
 Did you contact another shelter about this animal? NO Why did they decline to accept? AS
 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 | 11:45 AM/PM | CUSTODY DATE | 5/19/24 | | I.D. Case/No. | 36846 36847 36848 | | | |
| 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 | | | | |
| | | | | | drop off | | | | |
| Telephone: | | | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | |
| (3) feline | DMH | black | | (2) F (1) M | 3 mths. | 5 lbs | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | | OTHER IDENTIFICATION (specify) | | | | |
| none | none | none | none | | none detected | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | | DATE | | |
| SIGNATURE & TITLE <i>Ruben Hurt</i> | | | | | | | 5/19/24 | | |
| DISPOSITION OF ANIMAL | | | | | | | DATE | | |
| Trans | | | | | | | 5-21-24 | | |

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 _____

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 | 8:39 AM/PM | CUSTODY DATE | 5/20/24 | LD. Case No. | 36849 | Public |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | |
| | 1 | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | |
| Westley Fuiks Westley Fuiks (Jail) Probation Violation Telephone: | | | | "Bella" | | |
| ANIMAL DESCRIPTION | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX AGE | APPROX WEIGHT | OTHER |
| K9 | Pit Mix | tri | F | 4 yrs | 45 lbs | None |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | |
| N | N | N | N | N | | |
| CUSTODY RECORD PREPARED BY | | | | | DATE | |
| SIGNATURE & TITLE Ashley 391 | | | | | 5/20/24 | |
| DISPOSITION OF ANIMAL | | | | | DATE | |
| Euth | | | | | 5-24-24 | |

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 submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the State Veterinarian, (804) 758-6413, P.O. Box 1163, Richmond, VA 23216.

Name [Redacted] Date 5/20/24
 Address Homeless Telephone [Redacted]

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


STATEMENTS OF SURRENDER

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

Signature [Redacted] Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 4. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

Signature [Redacted]

| | | | | | | | |
|-----------------------------------------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|--------------------------------|----------------------------------|--|
| TIME | 6:00 AM/PM | CUSTODY DATE | 5-20-24 | | I.D. Case/No. | 36850 | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | Drop Off | |
| X | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | |
| Unknown | | | | Sence climber | | | |
| Telephone: | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| Canine | Pit | blk & white | F | 2-3 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  | | | | | | 5-20-24 | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| MTO | | | | | | 5-24-27 | |

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 | 8:00 AM/PM | CUSTODY DATE | 5-19-24 | | I.D. Case/No. | 36851 | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | DAYS | |
| X | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | |
| Telephone: Drop off | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| felure | Siamese | Seas pt. | f | 4 1/2 k | 14 | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | | |
| none | none | none | none | not detected | | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | |
| SIGNATURE & TITLE: Q.H. | | | | | | 5-19-24 | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| Trans | | | | | | 5-21-24 | |

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 _____
 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: 11:40 AM/PM | | CUSTODY DATE: 5/20/24 | | ID. Case No. 36852 | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| | 1 | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | ADDITIONAL INFORMATION | | |
| same as below | | | "Drako" | | |
| Telephone: | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX AGE | APPROX WEIGHT |
| ku9 | Tri | 2011e/pit | M | 2 yrs | 35 lbs |
| 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 | BLK/WHIT/ACC | NONE | |
| CUSTODY RECORD PREPARED BY | | | | | |
| SIGNATURE & TITLE: [Signature] | | | | DATE: 5/20/24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Euth | | | | 5-21-24 | |

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 90 days and shall be made available for public inspection upon request. Information on this form is to be submitted to the State Veterinarian in the following format: Questions regarding this form may be directed to the State Veterinarian, (804) 786-2463, P.O. Box 1463, Richmond, VA 23218.

Name: [Redacted] Date: 5/20/24
Address: [Redacted] Telephone: [Redacted]

Characteristics: Good with children N/A Lived inside/outside Housebroken NO
Disposition friendly Health skinny Gets along well with other pets N/A
Did you contact another shelter about this animal? N Why did they decline to accept? _____
Has the animal bitten or scratched a person or animal within the past 10 days? N

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------------------------|
| TIME | 12:00 AM PM | CUSTODY DATE | 5/20/24 | I.D. Case No. | 36853 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| | 1 | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | ADDITIONAL INFORMATION | | |
| Same as below | | | "Tola" | | |
| Telephone: | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| K9 | Chihuahua Mix | Blk | F | 5 yrs | 20 lbs |
| 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 | Artec | NONE | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE <i>[Signature]</i> | | | | | 5/20/24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Euth | | | | | 5/24/24 |

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 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, (800) 551-2222, or the State Veterinarian, 22218.

Name: *[Redacted]* Date: 5/20/24

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

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

STATEMENTS OF SURRENDER

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

Signature: _____

Or

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

Signature: *[Redacted]*

| | | | | | | |
|---------------------------------------------------------------------|-------------------|------------------|----------------------------|---------------------------------------|----------------|----------------------------------|
| TIME | 1239 AM/PM | CUSTODY DATE | 5/20/24 | I.D. Case/No. | 36855 | Public |
| 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 | | |
| Telephone: Unknown | | | | Sound under tree | | |
| ANIMAL DESCRIPTION | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| 2x Feline | DAH | gray white cream | M | 3yrs | 1/2 oz | 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>Carm J. Turner-Sax</i> | | | | | | 5/20/24 |
| DISPOSITION OF ANIMAL | | | | | | DATE |
| <i>24hr</i> | | | | | | 5/20/24 |

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 N Lived Inside/Outside Housebroken No
 Disposition Health Gets along well with other pets Yes
 Did you contact another shelter about this animal? Yes Why did they decline to accept? Used
 Has the animal bitten or scratched a person or animal within the past 10 days? No

STATEMENTS OF SURRENDER

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

Signature: _____
 Or _____

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

Signature _____

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

ANIMAL CUSTODY RECORD

The information on this form is to be maintained for at least five years.

CASE NO. 36856 CUSTODY DATE 5-20-24 TIME 1:07 AM / PM ☒

REASON FOR CUSTODY (mark appropriate box)

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

531 cabell st

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>Plt mix</u> | <u>Wht/Bro</u> | <u>F</u> | <u>2 years</u> | <u>50 lbs</u> | <u>None</u> |

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

| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) |
|----------------------------|-------------------|-------------|----------------------------|--------------------------------|
| <u>None</u> | <u>None</u> | <u>None</u> | <u>Pink</u> | <u>Pink harness</u> |

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

A/C I.D. Black ID#372

5-20-24

DISPOSITION OF ANIMAL

DATE

RTO

6-20-24

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.105.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 | 120 | AM/PM | CUSTODY DATE | 5/20/24 | I.D. Case/No. | 36857 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | |
| X | | | | | DAH S | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | |
| Telephone: Unknown | | | | | | |
| ANIMAL DESCRIPTION | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| Feline | DSH | Org white Crown wh | M F | 7 wks | 1# | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | |
| None | None | None | None | None Det | | |
| CUSTODY RECORD PREPARED BY | | | | | DATE | |
| SIGNATURE & TITLE Ann Farmer - Sec | | | | | 5/20/24 | |
| DISPOSITION OF ANIMAL | | | | | DATE | |
| Trans | | | | | 5-21-27 | |

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.

X Name: [Redacted] Date: 5/20/24
 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? _____ 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
 X I do not own _____ and I hereby surrender custody to the Danville Area Humane Society.
 Signature: [Redacted]

Or

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

Signature _____

| | | | | | |
|---------------------------------------------------------------------|-------------------------------------|----------------|----------------------------|---------------------------------------|----------------|
| TIME | 2:20 AM/PM | CUSTODY DATE | 5/20/24 | I.D. Case/No. | 36859 36860 |
| 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] | | | | TO many to keep | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX AGE | APPROX WEIGHT |
| 4X Feline | DH | 3-BLK 1 GRAY F | 2-M 2-F | 2 WKS | 1# |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | None | None | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE Ann Farmer - Sec | | | | 5/20/24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| TRANS | | | | 5-21-24 | |

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 yes Lived Inside/Outside Lived Inside Housebroken yes - somewhat
 Disposition Health Gets along well with other pets none
 Did you contact another shelter about this animal? NO Why did they decline to accept? _____
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------|
| TIME | 3:06 AM/PM | CUSTODY DATE | 5/20/24 | I.D. Case/No. | 36846 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| <input checked="" type="checkbox"/> | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Telephone: unknown | | | | DAHS | |
| ADDITIONAL INFORMATION | | | | | |
| Found in his yard sickly | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Feline | DMH | wht Tan | F | 3wk | 1# |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | None | None | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE Ann Jarman, Sec | | | | | 5/24/24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Euth | | | | | 5/24/24 |

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: [Redacted] Date: 5/20/24
 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? _____ 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 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 | 435 AM/PM | CUSTODY DATE | 5/20/24 | | I.D. Case/No. | 36872 | |
| 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 | | | |
| | | | | He said his Friend Can't Keep. | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| Reptile | Bearded Dragons | | | | | 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 - Soc</i> | | | | | | 5-20-24 | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| DOA | | | | | | 5-22-24 | |

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 4163, Richmond, VA 23218.

Name: [REDACTED] Date: [REDACTED]
 Address: [REDACTED] 24540 Telephone: [REDACTED]

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

STATEMENTS OF SURRENDER

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

Signature: [REDACTED] Or

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

Signature _____

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------------------------|
| TIME | 9:00 AM <u>PM</u> | CUSTODY DATE | 5-20-24 | I.D. Case/No. | 36873 |
| 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 | |
| | | | | Dogg | |
| Telephone: _____ | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| WD | Pt | Tan/White | M | 3 yrs | 60 lb |
| OTHER | | | | | |
| none | | | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| none | none | none | none | none detected | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| <div style="display: flex; justify-content: space-between;"> <u>Ar</u> <u>Mcmy</u> </div> | | | | | 5-20-24 |
| SIGNATURE & TITLE | | | | | DATE |
| DISPOSITION OF ANIMAL | | | | | |
| RTO | | | | | 5-25-24 |

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 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 | 847 AM/PM | CUSTODY DATE | 5-21-24 | I.D. Case/No. | 36874 |
| 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 | | |
| | | | Vandola road | | |
| Telephone: | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 10 | retriever | Tan/White | M | 2 1/2 | 40 lbs |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | None | None | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE | | | | 5-21-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Adopted | | | | 6-14-24 | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the office of the State Veterinarian, (804) 786-2483, P.O. Box 1463, Richmond, VA 23218.

Name: [Redacted] Date: 5-21-24
 Address: [Redacted] Telephone: [Redacted]
 Characteristics: Good with children _____ Lived Inside/Outside _____ Housebroken _____
 Disposition _____ Health _____ Gets along well with other pets _____
 Did you contact another shelter about this animal? _____ Why did they decline to accept? _____
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

STATEMENTS OF SURRENDER

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

Signature: [Redacted]

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

Signature: _____

| | |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Danville Police Department Animal Control Unit (434) 548-3017 | ANIMAL CUSTODY RECORD <small>The information on this record is required by § 3.1-796.105.B of the Code of Virginia.</small> |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|

| | | | | | |
|----------|-------|--------------|---------|------|-------------------------------------------------------------------|
| CASE NO. | 36875 | CUSTODY DATE | 5/21/24 | TIME | 8:17 <input checked="" type="radio"/> AM <input type="radio"/> PM |
|----------|-------|--------------|---------|------|-------------------------------------------------------------------|

| | | | | | | |
|-------------------------------------------|-----------------|--------|-----------|---------------------------------------|-------|-------------------------------------|
| REASON FOR CUSTODY (mark appropriate box) | | | | | | CUSTODY WAS CAUSED BY [REDACTED] |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | |
| | | | | | 1 DD | |

| | |
|-----------------------------------|------------------------|
| OWNER'S NAME & ADDRESS (if known) | ADDITIONAL INFORMATION |
| [REDACTED] | [REDACTED] |
| Telephone: | Bite |

| ANIMAL DESCRIPTION | | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|--------------------------------|----------------|-------|
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| K9 | doberman | blk/brn | M | 3 yrs | 65 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 | UK | none | harness | none | | |

| | |
|----------------------------|---------|
| CUSTODY RECORD PREPARED BY | DATE |
| [Signature] | 5/21/24 |
| SIGNATURE & TITLE | |

| | |
|-----------------------|--------|
| DISPOSITION OF ANIMAL | DATE |
| Euth | 8-5-24 |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by § 3.1-796.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------------------------|
| TIME | 1240 AM/PM | CUSTODY DATE | 05/21/24 | I.D. Case/No. | 36876 |
| 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 her. | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Feline | DSH | Blk | 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 | None | None | None Det | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE <i>Anna Turner-Soc</i> | | | | | 5/21/24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Euth | | | | | 5/23/24 |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the 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 5/21/24

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 | | CUSTODY DATE | | I.D. Case/No. | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------------------------|
| 5 05 AM/PM | | 5/21/24 | | 36877 | |
| 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 | |
| | | | | Riverside Sheds | |
| Telephone: | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Feline | DSH | Gray-White | F | lowks | 1# |
| OTHER | | | | | |
| None | | | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | None | None det. | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE <i>Anne Turner - Sec</i> | | | | | 5/21/24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Trans | | | | | 5/21/24 |

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, 1000 North 17th Street, Richmond, VA 23218.

Name: [REDACTED] Date: 5/21/24

Address: [REDACTED] Telephone: [REDACTED]

Characteristics: Good with children _____ Lived Inside/Outside Outside Housebroken _____
 Disposition _____ Health _____ Gets along well with other pets _____
 Did you contact another shelter about this animal? _____ 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, the undersigned, described animal and I relinquish custody to the Danville Area Humane Society.

Or

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

Signature _____

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|-----------------------------------------|----------------|
| TIME | 150 AM/PM | CUSTODY DATE | 5/21/24 | I.D. Case/No. | (36878) 36879 |
| 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] | | | | Tony Davis Brought 3 ant give them away | |
| PHYSICAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 3x Canine | Pug/Chix | Tan & Black | 2-F, 1M | 7wks | 2# |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | None | None | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE Anna Turner-Sic | | | | 5/21/24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| F+H+U | | | | 6/7/24 | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or any other person who has custody of an animal.

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|-----------------------------------------|----------------|
| TIME | 1:50 AM/PM | CUSTODY DATE | 5/21/24 | I.D. Case/No. | (36878) 36879 |
| 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] | | | | Tony Davis Brought 3 and give them away | |
| PHYSICAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 3x Canine | Pug/Chix | Tan Blk Tan | 2-F, 1-M | 7wks | 2# |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | None | None De | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE <i>Cinna Turner-Soc</i> | | | | 5/21/24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| 3x TRF | | | | 7-7-24 | |

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) 799-8400, 1000 Bank Street, Richmond, VA 23218.

Name: [Redacted] Date: 5/21/24
 Address: [Redacted] Tel: [Redacted]
 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? N/A Why did they decline to accept? _____
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

STATEMENTS OF SURRENDER

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

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-8546, 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

[Redacted Signature]

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

| | | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------------------------|-------|
| TIME | AM/PM | CUSTODY DATE | 5/21/24 | I.D. Case No. | 36882 | 36882 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | DAH |
| | X | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | |
| [REDACTED] | | | | | | |
| ANIMAL DESCRIPTION | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| Canine | Chix Pug | Tan BIK-Tan | F | 9wks | 2# | 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-Soc | | | | | 5/21/24 | |
| DISPOSITION OF ANIMAL | | | | | DATE | |
| By Ethel | | | | | 6/17/24 | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia, § 3.2-6546, for the purpose of identifying animals and maintaining records of their whereabouts. The information on this form is to be submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1183, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone 434-713-5859

Characteristics: Good with children Yes Lived Inside/Outside Housebroken NoDisposition _____ Health _____ Gets along well with other pets YesDid you contact another shelter about this animal? No Why did they decline to accept? NAHas the animal bitten or scratched a person or animal within the past 10 days? No

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

| | | | | | | | | |
|---------------------------------------------------------------------|-------------------|------------------------------------|----------------------------|---------------------------------------|----------------|----------------------------------|----------|--|
| TIME | 3:06 AM/PM | | CUSTODY DATE | 5/21/24 | | I.D. Case/No. | (368 83) | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | DAHS | | |
| | X | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | | |
| [REDACTED] | | | | They CAN'T keep all 7 of these cats. | | | | |
| ANIMAL DESCRIPTION | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | |
| 7x Feline | DSTH | 2-m grey tabby 1-m grey tabby tort | M-3 F-4 | 1 yr 3 mo | | None | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | | | |
| None | None | None | None | None et. | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | | |
| SIGNATURE & TITLE <i>Ann Turner-Soc</i> | | | | | | 5/21/24 | | |
| DISPOSITION OF ANIMAL | | | | | | DATE | | |
| Euth. | | | | | | 5/23/24 | | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the 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, somewhat
 Disposition OR Health OR Gets along well with other pets YES
 Did you contact another shelter about this animal? YES Why did they decline to accept? No one take them
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

| | | | | | |
|---------------------------------------------------------------------|-------------------------------------|-------------------------|----------------------------|---------------------------------------|----------------------------------|
| TIME 11 3:30 AM PM | | CUSTODY DATE 5-21-24 | | I.D. Case/No. 36890 | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| | <input checked="" type="checkbox"/> | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | |
| [REDACTED] | | | | DAHS | |
| Telephone [REDACTED] | | | | name Mindy | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Canine | Chix | tan. | SP | 6y | 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 | not identified | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE [Signature] | | | | | 5-21-24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Euth | | | | | 5-21-24 |

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) 726-5500, Box 4163, Richmond, VA 23218.

Name [REDACTED] Date 5-21-24
Address [REDACTED] Telephone [REDACTED]

Characteristics: Good with children NO Lived/Inside/Outside Housebroken NO
 Disposition NO Health NO 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 old not to
 August

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.

| | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <div style="display: flex; justify-content: space-between; font-size: small;"> DAHVILLE AREA HUMANE SOCIETY DAHVILLE AREA HUMANE SOCIETY DAHVILLE AREA HUMANE SOCIETY DAHVILLE AREA HUMANE SOCIETY </div> | | <div style="display: flex; justify-content: space-between; font-size: small;"> DAHVILLE AREA HUMANE SOCIETY DAHVILLE AREA HUMANE SOCIETY </div> | | <div style="display: flex; justify-content: space-between; font-size: small;"> DAHVILLE AREA HUMANE SOCIETY DAHVILLE AREA HUMANE SOCIETY </div> | | <div style="display: flex; justify-content: space-between; font-size: small;"> DAHVILLE AREA HUMANE SOCIETY DAHVILLE AREA HUMANE SOCIETY </div> | | <div style="display: flex; justify-content: space-between; font-size: small;"> DAHVILLE AREA HUMANE SOCIETY DAHVILLE AREA HUMANE SOCIETY </div> | |
| TIME <div style="display: flex; align-items: center;"> 3:50 AM/PM </div> | | CUSTODY DATE <div style="font-size: 1.5em;">05/21/24</div> | | I.D. Case/No. <div style="font-size: 1.5em;">316891</div> | | | | | |
| 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 | | | | |
| | | | | | TO BE Euth | | | | |
| Telephone: _____ | | | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | | |
| Canine | German Shorthair Pointer | Black & white | M | 12 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 | None | | None D.H. | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | | | DATE | |
| Signature & Title: <i>Ann Turner-Sec</i> | | | | | | | | 5-21-24 | |
| DISPOSITION OF ANIMAL | | | | | | | | DATE | |
| 12 CC AH-MC | | | | | | | | 5-21-24 | |

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, P.O. Box 1163, Richmond, VA 23218.

Name: _____ Date: 5/21/24

Address: _____ Telephone: _____

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

Signature _____

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

| | | | | | |
|---------------------------------------------------------------------|-------------------|------------------------|----------------------------|-----------------------------------------------------------------|----------------|
| TIME | 4:41 AM | CUSTODY DATE | 5/21/24 | I.D. Case/No. | 36892 36893 |
| 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: UN KNOWN | | | | 1575 Richmond #45-3 H. moved Blvd Owner left in Apartment | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 2x Carano | Pitbull | Shake Brindle white | F | 1YR | 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 | Blue Pink | NONE D. | |
| CUSTODY RECORD PREPARED BY | | | | | |
| SIGNATURE & TITLE Anna Janner - Sec | | | | DATE 5-21-24 | |
| DISPOSITION OF ANIMAL | | | | | |
| Fth | | | | DATE 6-7-24 | |

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

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children _____ Lived Inside/Outside _____ Housebroken _____ NOT Sure

Disposition _____ Health _____ Gets along well with other pets _____ NOT Sure

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 George J. Se B308

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in 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

ANNUAL CUSTODY RECORD

| | | | | | | |
|----------|-------|--------------|---------|------|------|---------|
| CASE NO. | 36894 | CUSTODY DATE | 5-22-24 | TIME | 9:40 | 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**

Telephone:

ANIMAL DESCRIPTION

| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
|---------|---------|----------------|-----|----------------|-------------------|-------|
| Canine | Pit mix | wht / brindle | F | 11 years | 30 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

Aro I. D. Black PD #322

5-22-24

DISPOSITION OF ANIMAL

DATE

RTO

5-27-27

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 §3.1-796.106.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

| | | | | | | | |
|---------------------------------------------------------------------|-------------------|------------------------------|----------------------------|---------------------------------------|----------------|----------------------------------|--|
| DANVILLE ANIMAL CONTROL | | Danville Area Humane Society | | Pittsylvania Animal Control | | Public | |
| TIME | AM/PM | CUSTODY DATE | 5-22-24 | | I.D. Case/No. | 36895 | |
| 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] | | | | TO Be euth "Sunshine" | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| Canine | PUG | Tan | SF | 12YR | 23# | 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 to et | | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | |
| SIGNATURE & TITLE | | | | | | 5-22-24 | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| luth | | | | | | 5-22-24 | |

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) 788-0400, P.O. Box 1163, Richmond, VA 23218.

Name: [REDACTED] Date: 5/22/24

Address: [REDACTED] Danville 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 _____

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

ANIMAL CUSTODY RECORD

CASE NO.

36896

CUSTODY DATE

5-22-24

TIME

2:00

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

caught intray

Telephone:

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR/MARKINGS

SEX

APPROX.
AGEAPPROX.
WEIGHT

OTHER

feline

DMH

Calico

F

1 year

6 lbs

None

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

CITY/COUNTY
LICENSE NUMBERRABIES TAG
NUMBER

TATOO

COLLAR
(Color, type, etc.)

OTHER IDENTIFICATION (specify)

None

None

None

None

None

CUSTODY RECORD PREPARED BY

DATE

5-22-24

SIGNATURE & TITLE


A/C I.D. Black PD# 372

DISPOSITION OF ANIMAL

DATE

5-29-24

Euth

| | | | | | |
|----------------------------------------------------------------------------------|-------------------|-----------------------------|----------------------------|------------------------------------------------------------------|----------------------------------|
| TIME <u>2:51 AM/PM</u> | | CUSTODY DATE <u>5/22/24</u> | | I.D. Case/No. <u>36897</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 | |
|  | | | | <u>Do NOT get Along with other Animals At All Lots of Energy</u> | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| <u>Canine</u> | <u>Pit X</u> | <u>White Black</u> | <u>M</u> | <u>2yrs</u> | <u>45#</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 | | | | | DATE |
| SIGNATURE & TITLE <u>Ann Turner-Soc</u> | | | | | <u>5/22/24</u> |
| DISPOSITION OF ANIMAL | | | | | DATE |
| <u>Euth</u> | | | | | <u>5-31-24</u> |

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Name _____ Date 5/22/24

Address _____ Telephone 

Characteristics: Good with children NO Lived Inside/Outside Housebroken NO Does play.
 Disposition Health Gets along well with other pets SMALL ANIMALS
 Did you contact another shelter about this animal? YES Why did they decline to accept? WANT to Euth
 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 each animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

Signature 

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------|
| TIME | 3:51 AM/PM | CUSTODY DATE | 5/22/24 | I.D. Case/No. | 36898 |
| REASON FOR CUSTODY (mark appropriate box) | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| | X | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | |
| [REDACTED] | | | | Can't keep no longer Cleo | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Feline | DSH | Gray | F | 1yr | 6# |
| OTHER | | | | | |
| None | | | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | None | None-Def | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE <i>Ana Turner-Sec</i> | | | | | 5/22/24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Trend | | | | | 5/22/24 |

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Date: 5/22/24

Address: [REDACTED] Telephone: [REDACTED]

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

Disposition Good Health Good Gets along well with other pets YES

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

| | | | | | | | |
|---------------------------------------------------------------------|-------------------|----------------------------------------------|----------------------------|---------------------------------------|----------------------------------|---------------------------------|--|
| TIME | 401 AM/PM | CUSTODY DATE | 5/22/24 | | I.D. Case/No. | 36899 | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | DAHS 36901 36902 36903 | |
| | X | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | |
| [REDACTED] | | | | They Can't Keep All these. | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| 5x Feline | DSH | Light gray tab seal Blk white - Dark gray | 2-M 3-F | 5-6 wks | 1# | None | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | | |
| None | None | None | None | None Det. | | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | |
| SIGNATURE & TITLE <i>Anna Stumme-Jac</i> | | | | | | 5/22/24 | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| Trans | | | | | | 5/21/24 | |

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Name _____ Date 5/22/24

Address _____ Telephone _____

Characteristics: Good with children _____ Lived Inside/Outside Outside Housebroken _____
 Disposition _____ Health _____ Gets along well with other pets _____
 Did you contact another shelter about this animal? _____ Why did they decline to accept? 5
 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]

| | | | | | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|--------------------------------|----------------|----------------------------------|--|-------|
| TIME | | 4 | AM/PM | CUSTODY DATE | | 5/22/24 | I.D. Case/No. | | 36924 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | DHS | | | |
| | X | | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | | ADDITIONAL INFORMATION | | | | |
| [Redacted] | | | | | She is unable to keep her. | | | | |
| | | | | | Very pregnant | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | |
| Canine | G.S | TRI | | 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 | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | | | | |
| SIGNATURE & TITLE | | | | | | | DATE | | |
| Ann Turner-Sec | | | | | | | 5/22/24 | | |
| DISPOSITION OF ANIMAL | | | | | | | | | |
| Adopted | | | | | | | DATE | | |
| | | | | | | | 7-24 | | |

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Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

| | | | | | |
|---------------------------------------------------------------------|-------------------|-------------------|----------------------------|-------------------------------------------------|----------------|
| TIME | 4:15 AM/PM | CUSTODY DATE | 5/22/24 | I.D. Case/No. | 36905 36906 |
| REASON FOR CUSTODY (mark appropriate box) | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| | X | | | | |
| NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | |
| | | | | They Can't Keep these wife Being Feeding Mother | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 5x Feline | DSH | 2 grey tab BIK-wh | 2 M 1 F | 5 wks | 1# |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | None | None | |
| CUSTODY RECORD PREPARED BY: | | | | DATE | |
| SIGNATURE & TITLE | | | | 5/22/24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Euth | | | | 5/23/24 | |

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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? 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 | 5 | AM/PM | CUSTODY DATE | 5/22/24 | I.D. Case/No. | 30910 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | |
| X | | | | | DASH | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | |
| Telephone: unknown | | | | This cat scratched the other lady that was with H. Lindsey | | |
| ANIMAL DESCRIPTION | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| Feline | DSH | org | m | 9wks | 1# | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | |
| None | None | None | None | None | | |
| CUSTODY RECORD PREPARED BY: | | | | | DATE | |
| SIGNATURE & TITLE: Ann Turner - sec | | | | | 5/22/24 | |
| DISPOSITION OF ANIMAL | | | | | DATE | |
| L/L | | | | | 5/29/24 | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the office of the State Veterinarian, (804) 785-2483, P.O. Box 1163, Richmond, VA 23218.

Name: [Redacted] Date: 5-22-24

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 this animal and I relinquish custody to the Danville Area Humane Society.

Signature: [Redacted] _____
 Or

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

X

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------|
| TIME | 5 AM/PM | CUSTODY DATE | 5/22/24 | ID. Case/No. | 36911 |
| 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 | |
| | | | | Found on Duke Rd. | |
| Telephone: | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Canine | Husky X | Black tan | F | 10 Wk. | 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 | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE <i>Anna Turner-Soc</i> | | | | | 5/22/24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Adopted | | | | | 5-22-24 |

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 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

ANNUAL CUSTODY RECORD

§ 3.1-796.105.B of the Code of Virginia

CASE NO.

36912

CUSTODY DATE

5-22-24

TIME

9:45

AM/PM

REASON FOR CUSTODY (check appropriate box)

Stray

Owner
Surrender

Seized

Bite Case

Transfer from
other
locality/facility

Other

Glenlake Ave

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

caught in trap

Telephone:

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR/MARKINGS

SEX

APPROX.
AGEAPPROX.
WEIGHT

OTHER

Feline

DMH

Blk/wht

F

2 years

8 lbs

None

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

CITY/COUNTY
LICENSE NUMBERRABIES TAG
NUMBER

TATOO

COLLAR
(Color, type, etc.)

OTHER IDENTIFICATION (specify)

None

None

None

None

None

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

Aco I. D. Black PD# 372

5-22-24

DISPOSITION OF ANIMAL

DATE

Euth

5-29-24

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by § 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. (RVD) 7-28-2003

Danville Police Department

Animal Control Unit
(434) 548-3017

ANNUAL CUSTODY RECORD

CASE NO.

36913

CUSTODY DATE

5-23-24

TIME

11:

[AM] / PM

REASON FOR CUSTODY (mark appropriate box)

Stray

Owner
Surrender

Seized

Bite Case

Transfer from
other
locality/facility

Other

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

caught in trap

Telephone:

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR/MARKINGS

SEX

APPROX.
AGEAPPROX.
WEIGHT

OTHER

feline

DMH

Grey

M

3 years

10 lbs

None

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

CITY/COUNTY
LICENSE NUMBERRABIES TAG
NUMBER

TATOO

COLLAR
(Color, type, etc.)

OTHER IDENTIFICATION (specify)

None

None

None

None

None

CUSTODY RECORD PREPARED BY

SIGNATURE & TITLE

A.C.O. I.P. Black DMH 7th

DATE

5-23-24

DISPOSITION OF ANIMAL

DATE

Euth

5-28-24

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

ANIMAL CUSTODY RECORD

| | | | | | | | |
|----------|-------|--------------|---------|------|-------|-------|----|
| CASE NO. | 36913 | CUSTODY DATE | 5-23-24 | TIME | 11:11 | AM/PM | AM |
|----------|-------|--------------|---------|------|-------|-------|----|

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

Telephone:

ANIMAL DESCRIPTION

| | | | | | | |
|---------|-------|----------------|-----|-------------|----------------|-------|
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| feline | DMH | Grey | M | 3 years | 10/65 | 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

| | |
|------------------------|---------|
| SIGNATURE & TITLE | DATE |
| Aco I.P. Black MTH 7th | 5-23-24 |

DISPOSITION OF ANIMAL

| | |
|-------------|---------|
| DISPOSITION | DATE |
| Euth | 5-28-24 |

Danville Police Department

Animal Control Unit

(434) 548-3017

ANIMAL CUSTODY RECORD

§ 3.1-796.106.B of the Code of Virginia

| | | | | | | | | | | | |
|---------------------------------------------------------------------|----------------------|----------------|---------------------------------|---------------------------------------------|----------------|--------------------------------|-------|------|-------|---------|-------------------------------------|
| CASE NO. | | 36914 36915 | | CUSTODY DATE | | 5-23-24 | | TIME | 12:32 | AM / PM | <input checked="" type="checkbox"/> |
| REASON FOR CUSTODY (check appropriate box) | | | | | | | | | | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | Norwood dr | | | | | |
| 2 | | | | | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | | | ADDITIONAL INFORMATION | | | | | |
| Telephone: | | | | | | | | | | | |
| | | | | | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | | | |
| Canine x2 | Pit mix x2 | Brown | | F | 3 years | 50 lbs | None | | | | |
| | | Grey | | M | 3 years | 50 lbs | | | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATOO | COLLAR (Color, type, etc.) | | | OTHER IDENTIFICATION (specify) | | | | | |
| None | None | None | B15 None eared | | | None | | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | | | | | DATE | |
| SIGNATURE & TITLE ACO I.D. Black PR# 322 | | | | | | | | | | 5-23-24 | |
| DISPOSITION OF ANIMAL | | | | | | | | | | DATE | |
| RTO | | | | | | | | | | 6-4-24 | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by § 3.1-796.106.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------------------------|
| TIME | 4:50 AM/PM | CUSTODY DATE | 5/23/24 | I.D. Case/No. | 3920 |
| 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] | | | | Food Aggressive - Bite them Bruce | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Canine | Pitbull | BROWN | M | 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 | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE | | | | | 5/23/24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Euthanized 18 cc | | | | | 5/20/24 |

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 Virginia Code. Records must be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, VA 23218.

Name _____ Date 5/23/24

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets somewhat

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 to want the animal back.

Signature _____

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------------------------|
| TIME | 5:26 AM/PM | CUSTODY DATE | 5-23-24 | I.D. Case/No. | 36923 |
| 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 | | | | mother 36916 to babies 1117 1118 1119 | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Feline | DMH | White | F | 1 yb | 10# |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | OTHER |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | None | None | None |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE Anna Turner-Sec | | | | | 5-23-24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Euth | | | | | 5-29-24 |

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

I do not own 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 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 | 6:00 AM/PM | CUSTODY DATE | 5-24-24 | I.D. Case/No. | 36924 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | |
| Unknown | | | | | |
| Telephone: | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Canine | Pit Bull | Blk & White | M | 12 wks | 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 | | | | | |
| SIGNATURE & TITLE | | | | DATE | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Ethen | | | | 6-3-24 | |

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

| | | | | | |
|---------------------------------------------------------------------|-------------------------------------|----------------|----------------------------|---------------------------------------|----------------------------------|
| TIME | 11:30 AM/PM | CUSTODY DATE | 5-24-24 | I.D. Case/No. | 369-25 369-26 369-27 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| | <input checked="" type="checkbox"/> | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | |
| [Redacted] | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| M-G | Hound mix | Black/white | M | 9 wks | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | None | None | |
| CUSTODY RECORD PREPARED BY | | | | | |
| SIGNATURE & TITLE | | | | DATE | |
| May E. Smith | | | | 5-24-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Ethan | | | | 6-2-24 | |

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

Signature _____

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------------------------|
| TIME | 12:30 AM/PM | CUSTODY DATE | 5-24-24 | I.D. Case/No. | 36928 |
| 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 |
| K-9 | P.H. mix | Blk/whit | F | 2 | 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: Mary J. Smith | | | | | DATE |
| SIGNATURE & TITLE | | | | | 5-24-24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Ethan | | | | | 6-24 |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 793-6400, P.O. Box 1100, Richmond, VA 23060.

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 want the above-described animal back.

Signature

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

| | | | | | |
|---------------------------------------------------------------------|-------------------------------------|----------------|----------------------------|---------------------------------------|----------------|
| TIME | 11:00AM/PM | CUSTODY DATE | 5-25-25 | I.D. Case/No. | |
| REASON FOR CUSTODY (mark appropriate box) | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | |
| [REDACTED] | | | | Euth - South Boston | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 6x Seline | DSH | | | | |
| 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 | | | | 5-25-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Euth - F-6cc 4-K-1 1/2cc each AC. | | | | 5-26-24 | |

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? 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

Animal Control Unit
(434) 548-3017

ANIMAL CUSTODY RECORD

This form is required by 53.1-796.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23261.

CASE NO.

36929

CUSTODY DATE

5/24/24

TIME

12:30 AM (PM)

REASON FOR CUSTODY (mark appropriate box)

Stray

Owner
Surrender

Seized

Bite Case

Transfer from
other
locality/facility

Other

1

Floral
Ave

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

friendly

Telephone:

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR/MARKINGS

SEX

APPROX.
AGEAPPROX.
WEIGHT

OTHER

K9

Pit
Mixtan/brown
white

M

6m

25lbs

None

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

CITY/COUNTY
LICENSE NUMBERRABIES TAG
NUMBER

TATOO

COLLAR
(Color, type, etc.)

OTHER IDENTIFICATION (specify)

None

None

None

None

None

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

Ashley 391

5/24/24

DISPOSITION OF ANIMAL

DATE

Ethan

6/2/24

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by 53.1-796.105.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, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23261.

| | | | | | | | | | | | |
|---------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|--------------------------|-------------------------------------|-------|----------------------------------|--|-------------------------|--|
| TIME | | 1:30 AM/PM | | CUSTODY DATE | | 5-24-24 | | I.D. Case No. | | 86930 36951 36932 | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | DAYS | | | | | |
| <input 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 | | | | | |
| | | | | | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | | | |
| Feline | DSH | 2. BIR / white 1. Grey | | M3 | 9w | 2 | | | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | | | OTHER IDENTIFICATION (specify) | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | | | DATE | | | |
| SIGNATURE & TITLE <i>Mary L. Bruns</i> | | | | | | | | 5-24-24 | | | |
| | | | | | | | | DATE | | | |
| DISPOSITION OF ANIMAL | | | | | | | | DATE | | | |
| Trans | | | | | | | | 5-21-27 | | | |

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

Signature _____

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|-----------------------------------------------|---------------------------------------|----------------------------------|
| TIME | 7:50 AM/PM | CUSTODY DATE | 5/25/24 | I.D. Case/No. | 3693 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| ✓ | | | | | Shelter |
| OWNER'S NAME & ADDRESS (if known) | | | ADDITIONAL INFORMATION | | |
| Telephone: | | | drop off - found on North - has a prolapse | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| canine | frenchie x | grey/tan | m | 1yr | 20lbs |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| none | none | none | none | none detected | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE <i>Robb Rott</i> | | | | | 5/25/24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| <i>Ethel</i> | | | | | 6-2-24 |

This form may be used by animal control officers, custodians or any pound or shelter representative of a humane society, or private 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 | 300 AM/PM | CUSTODY DATE | 5-25-24 | | I.D. Case/No. | 36534 | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | Shelter | |
| | X | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | |
| | | | | | | | |
| Telephone: _____ | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| LC | DSH | G & T.b | | F | 2-1/2 | 6 lb | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | | OTHER IDENTIFICATION (specify) | | |
| None | None | None | None | | None | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | |
| Signature & Title: <i>My me</i> | | | | | | 5-25-24 | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| Disposition: <i>Trans</i> | | | | | | 5-25-24 | |

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? *ND*

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>1210 AM/PM</u> | | CUSTODY DATE <u>5/25/24</u> | | I.D. Case/No. <u>36934</u> | | Public <u>36950</u> | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | | |
| | X | | | | DANHS | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | |
| [REDACTED] | | | | 8-Adult 8-Kitten TRAPPING | | | |
| Telephone: <u>CRASE CityVA 23924</u> | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| 10x Feline | DSH | | | | | | |
| ANIMAL IDENTIFICATION (complete all) | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TAT/DO | OTHER IDENTIFICATION (specify) | | | | |
| <u>None</u> | <u>None</u> | <u>None</u> | <u>None</u> | <u>None dot</u> | | | |
| CUSTODY RECORD PREPARED BY: | | | | | | DATE | |
| SIGNATURE & TITLE <u>Anne Turner-Sec</u> | | | | | | <u>5/25/24</u> | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| <u>16 euth.</u> | | | | | | <u>5-26-24.</u> | |

This form may be used by animal control officers, custodians of any investigators to record and maintain the information required by the 0 years, and must be made available for public inspection upon request annually to the State Veterinarian in the prescribed format. Questions to the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, VA 23218.

Name _____

Address _____

Characteristics: Good with children NO Live _____

Disposition _____ Health Not Sure

Did you contact another shelter about this animal? _____

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

STATEMENTS OF

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

Signature _____

- I am the rightful owner of the above-described animal. No other person has a right of property in the animal. I authorize the animal to be euthanized or disposed of in accordance with 3.2-1-1, if possible, the Danville Area Humane Society will be allowed to adopt the animal. I acknowledge that I will be required to follow the above-described _____

Signature _____

| | | | | | |
|---------------------------------------------------------------------|-------------------------------------|----------------|----------------------------|------------------------------------------------|----------------|
| TIME | 11:33 ^{AM} PM | CUSTODY DATE | 5/26/24 | I.D. Case/No. | 36735 |
| 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] | | | | -couldn't handle dog anymore -has rabies shots | |
| ANIMAL DESCRIPTION name is "Trigger" | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| canine | bullie x | brindle | F | 2yrs | 45lb |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| none | none | none | black | none detected | |
| CUSTODY RECORD PREPARED BY: [REDACTED] | | | | DATE: 5/26/24 | |
| SIGNATURE & TITLE: [REDACTED] | | | | DATE: 5/26/24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Ethen | | | | 5/26/24 | |

This form may be used by animal control officers, employees of any animal 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) 788-6100, P.O. Box 1463, Richmond, VA 23218.

Name: [REDACTED] Date: [REDACTED]
 Address: [REDACTED] Telephone: [REDACTED]
 Characteristics: Good with children yes 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? _____
 Has the animal bitten or scratched a person or animal within the past 10 days? no

STATEMENTS OF SURRENDER

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

Signature: [REDACTED] Or

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

Signature: [REDACTED]

| | | | | | | | | | |
|---------------------------------------------------------------------|-------------------------------------|-------------------------|----------------------------|---------------------------------------|----------------|----------------------------------|--|--------|--|
| Danville Police Department | | Danville Animal Control | | Danville Area Humane Society | | Pittsylvania Animal Control | | Public | |
| TIME | 8:30 AM/PM | CUSTODY DATE | 5/28/2024 | I.D. Case/No. | 30951 | | | | |
| 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"/> | | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | | | |
| Telephone: | | | | Dixie | | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | | |
| K-9 | GS | Blonde | F | 8 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 Ann. Janner-Soc | | | | | | 5/28/2024 | | | |
| DISPOSITION OF ANIMAL | | | | | | DATE | | | |
| Ether | | | | | | 6/7/221 | | | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to report and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 781-1500, P.O. Box 1163, Richmond, VA 23218.

Name _____ Date _____
 Address _____ Telephone _____
 Characteristics: Good with children YES Lived Inside/Outside _____ Housebroken YES
 Disposition Good 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? _____

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------------------------|
| TIME | 2:00 AM/PM | CUSTODY DATE | 5-27-24 | I.D. Case/No. | 36952 |
| 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] | | | | Wounds on head | |
| Telephone: [Redacted] | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Cat | DSH | Black | M | 10 wks | 1# |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | None | None detected | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE [Signature] | | | | | 5-27-24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Ethen | | | | | 6-10-24 |

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

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children _____ 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.

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in 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 | 1235 AM/PM | CUSTODY DATE | 5-27-24 | I.D. Case/No. | 36953 |
| REASON FOR CUSTODY (mark appropriate box) | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| | <input checked="" type="checkbox"/> | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | |
| [REDACTED] | | | | [REDACTED] | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 2x Seline | DSH | 1-gray tabby 1-bk | M | 23 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 checked | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE | | | | 5-27-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Euth | | | | 5-27-24 | |

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

Name: [REDACTED] Date: _____

Address: [REDACTED]

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

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

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

STATEMENTS OF SURRENDER

I do not own the above described animal and I 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 | 1:05 AM/PM | CUSTODY DATE | 5/25/24 | I.D. Case/No. | 36955 |
| 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] | | | | - moving couldn't take - gave him shots from Tractor Supply - doesn't have rabies shot - good disposition | |
| ANIMAL DESCRIPTION name is Jack | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX AGE | APPROX WEIGHT |
| canine | boxer | brown & blk | M | 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 | blk | none detected | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE | | | | 5/25/24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Ethan | | | | 5-20-24 | |

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 yes

Disposition _____ Health _____ Gets along well with other pets yes

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

X Sign _____

| | | | | | | | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|--------------|---------------------------------------|-----------------|--------------------------------|---------------|----------------------------------|-------|--|----------------------------------------------------|
| TIME | 2:34 AM/PM | | CUSTODY DATE | | 5/25/24 | | I.D. Case/No. | | 36956 | | 36957 36958 36959 36960 36961 36962 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | | Shelter | | | | |
| | ✓ | | | | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | | | ADDITIONAL INFORMATION | | | | | |
| | | | | | | - couldn't keep them all | | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | | | |
| Feline | DMH DSH | see not | | 5-F 1-1 | 12 wks 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 | | | | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | | | DATE | | | |
| Signature & Title | | | | | | | | 5/25/24 | | | |
| DISPOSITION OF ANIMAL | | | | | | | | DATE | | | |
| Trans | | | | | | | | 5-25-24 | | | |

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 | 5/25/24 | |
| Address | | | | | | | | | | | | | |
| Character | | | | | | | | | | | | | |
| Disposition | | | | | | | | | | | | | |
| Did you | | | | | | | | | | | | | |
| Have | | | | | | | | | | | | | |
| I do | | | | | | | | | | | | | |
| Signature | (1) grey M - DSH 2 yrs (3) calico F - DMH 12 wks (1) grey tabby M DMH 12 wks (2) grey F DSH 1 yrs | | | | | | | | | | | | |
| Signature <u>Yanessa Wright</u> | | | | | | | | | | | | | |

1 animal.
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When
ore
ant the

| | | | | | | | | |
|---------------------------------------------------------------------|---------------------------------------------|--------------------------|----------------------------|---------------------------------------|--------------------------------|----------------|----------------------------------|-------|
| TIME | 8:32 AM <input checked="" type="radio"/> PM | | CUSTODY DATE | | 5/24/24 | | I.D. Case/No. | 36963 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | Shelter | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | | ADDITIONAL INFORMATION | | | |
| Telephone: | | | | | drop off | | | |
| | | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| canine | pit x | tan / white | | M | 2 yrs | 60 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 | blue | | none detected | | | |
| CUSTODY RECORD PREPARED BY | | | | | | | DATE | |
| Theresa Hurt | | | | | | | 5/24/24 | |
| SIGNATURE & TITLE | | | | | | | | |
| DISPOSITION OF ANIMAL | | | | | | | DATE | |
| RTO | | | | | | | 52827 | |

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

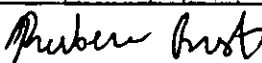
I do not own the above described animal and I relinquish custody to the Danville Area Humane Society.

Signature _____

Or

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

Signature _____

| | | | | | | | | |
|--------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|-------------------------------------------------------|--------------------------------|----------------------------------|-------|--|
| TIME | 6:32 AM (PM) | | CUSTODY DATE | 5/27/24 | | I.D. Case/No. | 36964 | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | Shelter | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | | |
| Telephone: | | | | - police drop off - abandoned by owner on James R. | | | | |
| ANIMAL DESCRIPTION | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | |
| canine | pit x | brwn/wht | M | 1yrs | 40lbs | | | |
| 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 | | | | | | 5/27/24 | | |
| DISPOSITION OF ANIMAL | | | | | | DATE | | |
| Ethen | | | | | | 6-3-24 | | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public 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.

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------------------------|
| TIME | 8:38 AM | CUSTODY DATE | 5/28/24 | I.D. Case/No. | 36965 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| | 1 | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | | ADDITIONAL INFORMATION |
| [Redacted] | | | | | "Demon" |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| K9 | Pit/Chow | Blk | M | 1yr | 60lbs |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | OTHER |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| NONE | NONE | NONE | Blk | None | |
| CUSTODY RECORD PREPARED BY | | | | | |
| SIGNATURE & TITLE | | | | | DATE |
| [Signature] | | | | | 5/28/24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| DOA | | | | | 5/28/24 |

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, (800) 735-6100, P.O. Box 1163, Richmond, VA 23218.

Name: [Redacted] Date: 5/28/24

Address: [Redacted] Telephone: [Redacted]

Characteristics: Good with children N Lived Inside/Outside Housebroken

Disposition Aggressive Health Good Gets along well with other pets N

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

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

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

| | | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------------------------|-------|
| TIME | 11:30 | AM/PM | CUSTODY DATE | 5/28-24 | I.D. Case/No. | 36946 |
| 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 | | |
| Telephone: UNKNOWN | | | | | | |
| ANIMAL DESCRIPTION | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| Feline | DSH | BLK-Wh | F | 1 DAY | 1/2 oz | None |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | |
| None | None | None | None | None | | |
| CUSTODY RECORD PREPARED BY: | | | | DATE | | |
| SIGNATURE & TITLE: Anna Janner-Sod | | | | 5/28/24 | | |
| DISPOSITION OF ANIMAL | | | | DATE | | |
| Euth | | | | 5/28/24 | | |

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, 1163 Richmond, VA 23218.

Name

Date

Address

Characteristics: Good with children

Lived Inside/Outside Housebroken

Disposition Health

Gets along well with other pets

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

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

STATEMENTS OF SURRENDER

I do not own the above-described animal and I 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.

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------------------------|
| TIME | 12:30 AM/PM | CUSTODY DATE | 5-28-24 | I.D. Case/No. | 36967 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| <input checked="" type="checkbox"/> | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | |
| Telephone: UNKNOWN | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Feline | DSH | tabby | F | 5 mos | |
| 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 | 96085001793295 | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE <i>Carmen Farmer-Jac</i> | | | | | 5-28-24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| RTO | | | | | 52821 |

This form may be used by animal 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) 788-2400, P.O. Box 1163, Richmond, VA 23218.

Name: [REDACTED] Date: 5/28/24

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: [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 | 600 AM/PM | CUSTODY DATE | 5-27-24 | I.D. Case/No. | 36928 |
| 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 | |
| | | | | Windsor Heights | |
| Telephone: | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 10 | Chit | Tan | m | 3yrs | 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 | Blue | None detected | |
| CUSTODY RECORD PREPARED BY | | | | | |
| SIGNATURE & TITLE | | | | DATE | |
| [Signature] | | | | 5-27-24 | |
| DISPOSITION OF ANIMAL | | | | | |
| [Signature] | | | | DATE | |
| | | | | 6-7-24 | |

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

Name _____ Date _____

Address _____ Telephone _____

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

Did you contact another shelter about this animal? _____ Why did they decline to accept? _____
Has the animal bitten or scratched a person or animal within the past 10 days? NO

STATEMENTS OF SURRENDER

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

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-8546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

Signature _____

| | | | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------|----------------------------------|--|
| TIME | 205 AM/PM | CUSTODY DATE | 5-28-24 | I.D. Case/No. | 36969 | Public | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | DAHS | |
| X | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | |
| Telephone: Unknown | | | | Found under tree | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| Feline | Dsth | ORG | m | 4wks | 1 1/2** | 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 | | | | | | 5-28-24 | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| | | | | | | | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, 1001 E. Main Street, Richmond, VA 23218.

Name: [REDACTED] Date: 5-28-24

Address: [REDACTED] Telephone: [REDACTED]

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

STATEMENTS OF SURRENDER

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

Signature: [REDACTED]

Or

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

Signature: _____

| | | | | | | | |
|----------------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|--------------------------------|---------|----|
| Danville Police Department Animal Control Unit (434) 548-3017 | | | | ANIMAL CUSTODY RECORD | | | |
| CASE NO. | 36970 | CUSTODY DATE | 5/28/24 | TIME | 3:20 | 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 | | | |
| | | | | TRAP | | | |
| Telephone: | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| Feline | DSH | org tab | M | 1 yr | 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 | | | | | | 5/28/24 | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| Ethan | | | | | | 6-24 | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.106.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

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

| | | | | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------|----------------------------------|-------|--|
| TIME | 3:40 AM/PM | | CUSTODY DATE | 5/28/24 | | I.D. Case/No. | 36971 | |
| 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] | | | | He-trad But he reeling | | | | |
| ANIMAL DESCRIPTION | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | |
| Feline | DmH | Black/white | M | 2 mos. | 2# | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | | | |
| None | None | None | None | None Detected | | | | |
| CUSTODY RECORD PREPARED BY: [Signature] DATE: 5-28-24 | | | | | | | | |
| DISPOSITION OF ANIMAL: Euth DATE: 5-29-24 | | | | | | | | |

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

| | | | | | | |
|---------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|---------------------------------------|--------------------------|-------|
| TIME | 342 AM (PM) | CUSTODY DATE | 5-28-24 | I.D. Case/No. | 36972 | 36973 |
| REASON FOR CUSTODY (mark appropriate box) | | | | LOCATION WHERE CUSTODY WAS TAKEN | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | 36974 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | |
| Telephone: | | | | | | |
| ANIMAL DESCRIPTION | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| 2K | Dsh | 15x10x8 | Fm | 4wks | 102 | 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) | | |
| n | n | n | n | none | | |
| CUSTODY RECORD PREPARED BY | | | | | DATE | |
| SIGNATURE & TITLE | | | | | 5-28-24 | |
| DISPOSITION OF ANIMAL | | | | | DATE | |
| Euth | | | | | 5-28-24 | |

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

Name

Date

Address

Telephone

Characteristics: Good with children _____ Lived Inside/Outside _____ Housebroken _____
Disposition _____ Health _____ Gets along well with other pets _____
Did you contact another shelter about this animal? _____ 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 _____ 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 | 4 ¹⁵ AM/PM | CUSTODY DATE | 5-28-24 | I.D. Case/No. | 36975 |
| 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] | | | She needs some that's going to be home all the time Dot &c | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| canine | boxer pit | tan | F | 3yrs | 60lbs |
| 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/silver | none detected | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE <i>Am Janner - SIC</i> | | | | 5-28-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Adopted | | | | 5-20-27 | |

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: 5/28/24

Address: [REDACTED] Telephone: [REDACTED]

Characteristics: Good with children NO Lived Inside/Outside Housebroken Somewhat
Disposition Health Not shot Gets along well with other pets NO
Did you contact another shelter about this animal? NO Why did they decline to accept? N/A
Has the animal bitten or scratched a person or animal within the past 10 days? NO

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

| | | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------------------------|-------|
| TIME | 5 | AM/PM | CUSTODY DATE | 5-28-24 | I.D. Case No. | 36976 |
| 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] | | | | Neighbor called upon them | | |
| ANIMAL DESCRIPTION | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| Feline | Dom4 | ORG | WM | 1yrs | 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 dot | | |
| CUSTODY RECORD PREPARED BY | | | | | DATE | |
| SIGNATURE & TITLE <i>Ann Janner-Sec</i> | | | | | 5-28-24 | |
| DISPOSITION OF ANIMAL | | | | | DATE | |
| Trans | | | | | 5-31-24 | |

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 1182, Richmond, VA 23218.

Name: [REDACTED] Date: 5-28-24
 Address: [REDACTED] Telephone: [REDACTED]
 Characteristics: Good with children Yes Lived Inside/Outside Lived Inside Housebroken Yes
 Disposition Health Gets along well with other pets Yes
 Did you contact another shelter about this animal? Yes Why did they decline to accept? They Full
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

STATEMENTS OF SURRENDER

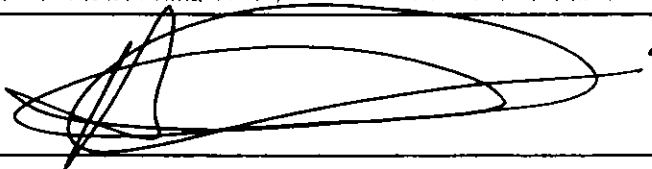
I do not own the above described animal and I relinquish custody to the Danville Area Humane Society.

Signature _____

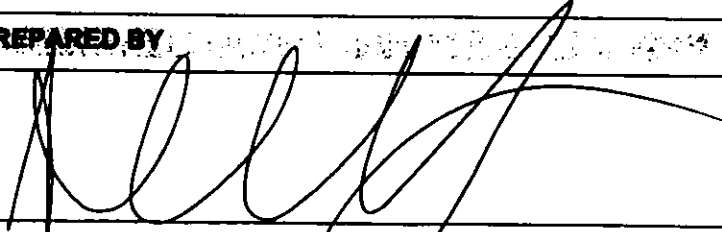
Or

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

Signature _____

| | | | | | | | |
|------------------------------------------------------------------------------------------|-------------------|----------------|----------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------|---------|--|
| Danville Police Department Animal Control Unit (434) 548-3017 | | | | ANIMAL CUSTODY RECORD <small>This form is required by § 3.1-796.105.B of the Code of Virginia.</small> | | | |
| CASE NO. | 36977 | CUSTODY DATE | 5/29/24 | TIME | 9:20 | AM / PM | |
| REASON FOR CUSTODY (mark appropriate box) | | | | CUSTODY BY | | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | | |
| 1 | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | |
| | | | | TRAP | | | |
| Telephone: | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| Feline | COFFE DSH | calico | F | 2 yrs | 10 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 | red | | none | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | |
|  | | | | | | 5/29/24 | |
| SIGNATURE & TITLE | | | | | | | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| Euth. | | | | | | 7-24-24 | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by § 3.1-796.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

| | | | | | | | |
|--------------------------------------------------------------------------------------|-------------------|----------------|----------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------|-------------|----|
| Danville Police Department Animal Control Unit (434) 548-3017 | | | | ANIMAL CUSTODY RECORD <small>The form required by 53.1-796.105.B of the Code of Virginia.</small> | | | |
| CASE NO. | 36978 | CUSTODY DATE | 5/29/24 | TIME | 11:00 | AM PM | 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 | | | |
| | | | | Scratch | | | |
| Telephone: | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| Dog | Pit Mix | blk/whit | M | 4yrs | 60lbs | none | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATOO | COLLAR (Color, type, etc.) | | OTHER IDENTIFICATION (specify) | | |
| NONE | NONE | NONE | Choke Chain | | NONE | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | |
|  | | | | | | 5/29/24 | |
| SIGNATURE & TITLE | | | | | | | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| Euthanasia | | | | | | 6/13/24 | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by 53.1-796.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------------|----------------------------|---------------------------------------------|----------------|
| TIME | 1:35 AM/PM | CUSTODY DATE | 5/29/24 | ID. Case/No. | 36979 36980 |
| REASON FOR CUSTODY (mark appropriate box) | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| | X | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | |
| [REDACTED] | | | | He had 8 total cats and 4 dogs for those 4. | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 4x Feline | DMH | 2 Cal: 1 Tan 1 Tabby | 25-m 2 F | 2 1/2 mos. | 2# |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | None | None | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE <i>Anne J. Turner - Sec</i> | | | | 5/29/24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Trans | | | | 5/29/24 | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the State Veterinarian, (804) 786-2483, P.O. Box 1183, Richmond, VA 23218.

Name: [REDACTED] Date: 5/29/24

Address: [REDACTED] Telephone: [REDACTED]

Characteristics: Good with children yes Lived Inside/Outside 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? NI
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

STATEMENTS OF SURRENDER

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

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in 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 | 225 AM/PM | CUSTODY DATE | 5/29/24 | I.D. Case/No. | 36783 |
| 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] | | | H. L. said they can't keep this kind of dog Sallye | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Cat | Pitx | Brown | F | 8mos | 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 | None | |
| CUSTODY RECORD PREPARED BY | | | | | |
| SIGNATURE & TITLE | | | | | DATE |
| Ann Turner - Sec | | | | | 5-29-24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Ethere | | | | | 6-7-24 |

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

Name _____

Date _____

Address _____

Telephone _____

Characteristics: Good with children yes

Lived Inside/Outside

Housebroken yes

Disposition _____ Health _____

Gets along well with other pets yesDid you contact another shelter about this animal? NO Why did they decline to accept? _____Has the animal bitten or scratched a person or animal within the past 10 days? NO

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------------------------|
| TIME | 3:20 AM/PM | CUSTODY DATE | 5/29/24 | I.D. Case/No. | 36984 |
| 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] | | | | | Trapping Can't Keep |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| dy Feline | DSH | BLACK | m | 8 wks | 1# |
| OTHER | | | | | |
| None | | | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | NONE | None Det. | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE Ann Janner-sec | | | | | 5/29/24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Euth 3-CC | | | | | 7-2-24 |

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

Name _____ Date _____

Address _____ Telephone _____

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

| | | | | | | | |
|----------------------------------------------------------------------------|--------------------------|-----------------------|-----------------------------------|---------------------------------------|---------------------------------------|-----------------------------------------|--|
| TIME | 3:45 AM | CUSTODY DATE | 5-29-24 | | I.D. Case/No. | 536985 | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | DAHS 36987 84 | |
| | X | | | | | | |
| OWNER NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | |
| [REDACTED] | | | | TRY to find homes | | | |
| | | | | Can't keep. | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| 34 Feline | DSH | 1-BLK-2TABBY | M | 10wks | 2# | 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 Ann Farmer-Sac | | | | | | 5-29-24 | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| Trans | | | | | | 5-29-24 | |

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

Name _____ Date _____

Address _____ Telephone [REDACTED]

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

Disposition Health Gets along well with other pets yes

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Society will keep owner-released animals for 24 hours before adoption. 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 [REDACTED]

| | | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------------------------|-------|
| TIME | 5 | AM/PM | CUSTODY DATE | 5-29-24 | LD. Case/No. | 36988 |
| 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 | | |
| Telephone: <u>Unknown</u> | | | | <u>Found in A Ice machine</u> | | |
| ANIMAL DESCRIPTION | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| Feline | DSH | Calico | F | 8wks | 1# | None |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | |
| None | None | None | None | None Det | | |
| CUSTODY RECORD PREPARED BY | | | | DATE | | |
| SIGNATURE & TITLE <u>Ann Juma-sec</u> | | | | 5-29-24 | | |
| DISPOSITION OF ANIMAL | | | | DATE | | |
| <u>Ethel</u> | | | | 6-10-24 | | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 788-2483, 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 _____

| | | | | | | | |
|----------------------------------------------------------------------------|-------------------|----------------|----------------------------|------------------------------------------------------------------------------------------------------------------|----------------|--------------|--|
| Danville Police Department Animal Control Unit (434) 548-3017 | | | | ANIMAL CUSTODY RECORD <small>This form is required by § 3.1-796.105.B of the Code of Virginia.</small> | | | |
| CASE NO. | 36989 | CUSTODY DATE | 5-30-24 | TIME | 8:35 | PM | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | CUSTODY TYPE | |
| 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 | Beagle | wht/tan | F | 1 year | 20 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 | Brown | None | | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | |
| SIGNATURE & TITLE <i>A. W. I. D. Dineen JD # 372</i> | | | | | | 5-30-24 | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| <i>Ethel</i> | | | | | | 6-1-24 | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by § 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 | 142 AM/PM | CUSTODY DATE | 5-30-24 | I.D. Case No. | 36990 |
| 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] | | | | RECORD AT MT. HERMON TRY to Kill Neighbor Chicken But she didn't [REDACTED] | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Carine | Husky | TRI | SF | 3 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 | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE <i>Ann Farmer sec</i> | | | | 5-30-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Ethen | | | | 6-24 | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form shall be submitted and forwarded annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, VA 23216.

Name _____ Date _____

Address _____ Telephone _____

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

Disposition friendly Health great Gets along well with other pets Yes

Did you contact another shelter about this animal? Yes Why did they decline to accept? P.C. needed a pointer

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>1:39</u> <u>AM</u> <u>PM</u> | | CUSTODY DATE <u>5-30-24</u> | | I.D. Case/No. <u>36991</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>LL said Can't had any photos</u> <u>Bella</u> | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| <u>Canine</u> | <u>Terrier</u> | <u>BLACK GRAY</u> | <u>F</u> | <u>8 YRS</u> | <u>10#</u> |
| OTHER <u>None</u> | | | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| <u>None</u> | <u>None</u> | <u>None</u> | <u>None</u> | <u>None Det</u> | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE <u>Ann Turner Sec</u> | | | | | <u>5-30-24</u> |
| DISPOSITION OF ANIMAL | | | | | DATE |
| <u>Euth</u> <u>bcc</u> | | | | | <u>7-2-24</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 the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public 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.

Date 5-30-24

Name _____ Telephone _____

Address _____

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

Disposition Health Gets along well with other pets NO BOTH

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|-----------------------------------|---------------------------------------|----------------|
| TIME | 3:15 AM/PM | CUSTODY DATE | 5-30-24 | I.D. Case/No. | 36992 |
| 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] | | | TRAPPING But they don't feed them | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Feline | DSH | BLK w/ht | M | 8-10 wks | 1# |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | None | None | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE <i>Ann Turner Sec</i> | | | | 5-30-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| <i>Ether</i> | | | | 6-1-24 | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted 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 | 3:45 AM/PM | | CUSTODY DATE | 5-30-24 | | I.D. Case/No. | 86993 | | |
| 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] | | | | | Can't take care of her longer DVF. Record - Torn off everything HAKem | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | |
| Canine | Husky LAB | White / Black Sport | | M | 3yr. | 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 | | | | | | | | | |
| SIGNATURE & TITLE | | | | | | DATE | | | |
| Ann Turner-Soc | | | | | | 5-30-24 | | | |
| DISPOSITION OF ANIMAL | | | | | | | | | |
| Etha | | | | | | 6-7-24 | | | |

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

Name: [REDACTED] Date: [REDACTED]
Address: [REDACTED] Telephone: 245-41 [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? No
Has the animal bitten or scratched a person or animal within the past 10 days? No

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

| | | | | | | | | | |
|----------------------------------------------------------------------------|-------------------|------------------|----------------------------|---------------------------------------|-------------------------------|-----------------------------------------|--|--|--|
| AM/PM | | CUSTODY DATE | | 5-30-24 | | I.D. Case/No. | | | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | DAHS | | | |
| <input checked="" type="checkbox"/> | | | | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | | ADDITIONAL INFORMATION | | | | |
| Telephone: | | | | | IRIS Lane Roaming | | | | |
| ANIMAL DESCRIPTION | | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | | |
| 2x Carine | Golden Ret. | Golden Ret Cream | F | 4-5 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 | | | | |
| None | None | None | | | | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | | | | |
| SIGNATURE & TITLE | | | | | | 5-30-24 | | | |
| DISPOSITION OF ANIMAL | | | | | | DATE | | | |
| NTO | | | | | | 5-31-27 | | | |

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: [REDACTED] Date: 5

Address: [REDACTED]

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

I do hereby relinquish custody to the Danville Area Humane Society.

Signature: [REDACTED] 5/30/24

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in 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.

By _____

| | | | | | |
|---------------------------------------------------------------------|-------------------------------------|----------------|----------------------------|---------------------------------------|----------------------------------|
| TIME | 12:30 AM/PM | CUSTODY DATE | 5-31-24 | I.D. Case/No. | 36998 |
| 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] | | | | | Princess |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| K-9 | P.H./Boxer | Blk/Wh. Tr | F | 40 | 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 | | | | | DATE |
| SIGNATURE & TITLE <i>Man Z. Bunt</i> | | | | | 5-31-24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Etha | | | | | 6-2-24 |

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 State of Virginia. This report shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 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? *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 _____

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

ANIMAL CUSTODY RECORD

This form is required by 53.1-796.105.B of the Code of Virginia.

| | | | | | | |
|----------------------------------------------------------------------------|--------------------------|-----------------------|-----------------------------------|---------------------------------------|-----------------------|----------------------------------------------------------------------|
| CASE NO. | 36996 | CUSTODY DATE | 5-31-24 | TIME | 8:41 | <input checked="" type="checkbox"/> AM / <input type="checkbox"/> 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 | OTHER |
| feline | DMH | Blk | F | 1 year | 8 lbs | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | |
| None | None | None | None | None | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE |
| SIGNATURE & TITLE <i>Alo I.P. Black DMH 122</i> | | | | | | 5-31-24 |
| DISPOSITION OF ANIMAL | | | | | | DATE |
| Euthan | | | | | | 6-6-24 |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by 53.1-796.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------------------------|---------------------------------------|----------------|
| ME | 9:27 AM/PM | CUSTODY DATE | 5/30/24 | I.D. Case/No. | 36997 |
| REASON FOR CUSTODY (mark appropriate box) | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| | | | ✓ | | |
| | | | | Shelter | |
| OWNER'S NAME & ADDRESS (if known) | | | ADDITIONAL INFORMATION | | |
| Telephone: | | | drop off - Hold for dangerous dog hearing | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| canine | german shep. x | tan/black | M | 2 yrs | 60 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 | light blue | | |
| CUSTODY RECORD PREPARED BY: | | | | | |
| SIGNATURE & TITLE | | | | 5/30/24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| RTO | | | | 8-5-24 | |

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

| | | | | | |
|---------------------------------------------------------------------|------------------------|------------------------|----------------------------|---------------------------------------|----------------------------------|
| TIME | 1:45 AM/PM | CUSTODY DATE | 5-31-24 | I.D. Case No. | 31996 37000 |
| 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 | |
| | | | | found on Piney Forest | |
| Telephone: | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| K-9 | Basset/Mix Shep/Mix | Brown/Blk Blk/white | M M | 2 2 | 40 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 <i>May E. Burt</i> | | | | | 5-31-24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| <i>Ethel</i> | | | | | 6-1-24 |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, 1100 North 11th Street, Box 1463, Richmond, VA 23218.

Name: [Redacted] Date: 5-31-24

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? full

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------|
| TIME | 1:45 AM/PM | CUSTODY DATE | 5-31-24 | I.D. Case No. | 37288 |
| 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: | | | | found on Piney Forest | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 2 K-9 | Basset/Mix | Brown/BK | M | 2 | 40 |
| | Shep/Mix | BK/white | R | 2 | 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 | NO | NONE | NONE | NONE | |
| CUSTODY RECORD PREPARED BY | | | | DATE | |
| SIGNATURE & TITLE May E. Burt | | | | 5-31-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| DO A | | | | 5-31-24 | |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years. Information on this form is to be maintained and submitted to the Virginia Department of Agriculture and Forestry, Division of Animal Industry, 1000 North 1st Street, Suite 200, Alexandria, VA 22318.

Address: [REDACTED] Date: 5/31/24

Characteristics: Good with children _____ Lived Inside/Outside _____ Housebroken _____
Disposition: _____ Health: _____ Gets along well with other pets _____
Did you contact another shelter about this animal? 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 3.2-6548, 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 [Signature]

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|---------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|---------------------------------------|--------------------------|----------------------------------|-------|--|
| TIME | 10:37 AM PM | | CUSTODY DATE | 5/31/24 | | I.D. Case/No. | 37007 | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | Shelter | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | | |
| Telephone: | | | | drop off -found near Plum St. area | | | | |
| ANIMAL DESCRIPTION | | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | | |
| Canine | pity | tan/whit | M | 5 yrs | 50 lbs | | | |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | | | | |
| none | none | none | none | none detected | | | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | | |
| SIGNATURE & TITLE <i>Rubem Ast</i> | | | | | | 5/31/24 | | |
| DISPOSITION OF ANIMAL | | | | | | DATE | | |
| <i>Ella</i> | | | | | | 6.2.24 | | |

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

Name _____ Date _____

Address _____ Telephone _____

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

Did you contact another shelter about this animal? _____ Why did they decline to accept? _____
Has the animal bitten or scratched a person or animal within the past 10 days? _____

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

| | | | | | | | |
|----------------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|--------------------------------|-----------------------------------------|--|
| TIME | AM/PM | CUSTODY DATE | 5-23-24 | | ID. Case/No. | 37401 | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | Shelter | |
| | X | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | |
| | | | | Barnet Shelter | | | |
| Telephone: _____ | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| 11P | Shelt | Blk/Tr | | 5yrs | 24 | 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: <i>Az</i> <i>mona</i> | | | | | | 5-23-24 | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| Adopted | | | | | | 7-5- | |

This form may be used by animal 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 _____

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|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------------------------|
| TIME | AM/PM | CUSTODY DATE | 5.22.24 | LB. Case No. | 37402 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| Adopted | X | | | | Shelter |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | |
| Adopted | | | | Born at shelter | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 11P | Sheltie | Black/White | | 5yrs | 24 |
| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | | |
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATTOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) | |
| None | None | None | None | None | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE <i>Ag</i> <i>manager</i> | | | | | 5.22.24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Adopted | | | | | 7.8.24 |

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

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children _____ Lived inside/outside _____ Housebroken _____

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

| | | | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------|----------------------------------|--|
| TIME | AM/PM | CUSTODY DATE | | 5.23.24 | | ID. Case/No. | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | Shelter ✓ | |
| | X | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | |
| | | | | Barnet Shelter | | | |
| Telephone: | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| UP | Shelt | Blk/Tan | | 5yrs | 24 | 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 | none | none | none | none dent | | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | |
| SIGNATURE & TITLE <i>Aj</i> <i>manager</i> | | | | | | 5.23.24 | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| Adopted | | | | | | 7.1.24 | |

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

Did you contact another shelter about this animal? _____ 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 _____

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|----------------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------|-----------------------------------------|--|
| TIME | AM/PM | CUSTODY DATE | 5.23.24 | | ID. Case/No. | 37406 | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | Shelter | |
| | X | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | |
| | | | | Barnet shelter | | | |
| Telephone: _____ | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| UP | Sheltie | Black/Tan | | 5yrs | 2H | 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>Ag</i> <i>manager</i> | | | | | | 5-23-24 | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| Adopted | | | | | | 7-8-24 | |

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

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|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------|----------------------------------|--|
| TIME | AM/PM | CUSTODY DATE | | 5-23-24 | | LD. Case/No. | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | Shelter | |
| Abpt. | X | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | |
| | | | | Barnett Shelter | | | |
| Telephone: | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| 11P | Sheltie | Black/White | | 5yrs | 24 | 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>Agnes</i> | | | | | | 5-23-24 | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| Adopted | | | | | | 7-2-24 | |

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

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|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|---------------|----------------------------------|-------|
| TIME | AM/PM | CUSTODY DATE | | 5-23-24 | | LD. Case/No. | 37409 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | Shelter | |
| | X | | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | |
| | | | | Born at shelter | | | |
| Telephone: | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX AGE | APPROX WEIGHT | OTHER | |
| UP | Shelt | Black | | 5yrs | 24 | 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) | | | |
| n | none | none | none | none | | | |
| CUSTODY RECORD PREPARED BY | | | | | | DATE | |
| SIGNATURE & TITLE <i>Ag</i> <i>manager</i> | | | | | | 5-23-24 | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| Adopted | | | | | | 5-24 | |

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

| | | | | | | | |
|---------------------------------------------------------------------|-------------------------------------|--------------------------|----------------------------|---------------------------------------|----------------------------------|-----------|--|
| TIME | AM/PM | CUSTODY DATE | | 5.23.24 | I.D. Case/No. | 37410 | |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | | | |
| Adopted | | | | Born at shelter | | | |
| Adopted | | | | | | | |
| Adopted | | | | | | | |
| ANIMAL DESCRIPTION | | | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER | |
| 11P | Shelt | Blk/Tan | | 5yrs | 2H | 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>Ag</i> <i>manager</i> | | | | | | 5.23.24 | |
| DISPOSITION OF ANIMAL | | | | | | DATE | |
| Foster | | | | | | 7.11.24 | |

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------|
| TIME | AM/PM | CUSTODY DATE | 5.23.24 | I.D. Case/No. | |
| REASON FOR CUSTODY (mark appropriate box) | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| | X | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | |
| Adopted | | | | Born at shelter | |
| Telephone: | | | | | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| UP | Shelt | Blk/Tr | | 5yrs | 24 |
| 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: Ag mcm | | | | 5-23-24 | |
| DISPOSITION OF ANIMAL | | | | DATE | |
| Adopted | | | | 7-2-24 | |

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

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Signature _____

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Signature _____

| | | | | | |
|---------------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------------------------|
| TIME | AM/PM | CUSTODY DATE | 5.23.24 | LD. Case/No. | |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| 3410px 024 05 102 40.7 408 409 410 411 Adopted | X | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | |
| | | | | Barnet Shelly | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| 11P | Shelt | Blk/Tr | | 5yrs | 24 |
| 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 | none | none | none | none | |
| CUSTODY RECORD PREPARED BY | | | | | DATE |
| SIGNATURE & TITLE A7 mcm | | | | | 5.23.24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Adopted | | | | | 7.2.24 |

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Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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Signature _____

Or

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Signature _____

| | | | | | |
|---------------------------------------------------------------------|-------------------|----------------|----------------------------|---------------------------------------|----------------------------------|
| TIME | 2:45 AM/PM | CUSTODY DATE | 5-31-24 | LD. Case No. | 37002 |
| REASON FOR CUSTODY (mark appropriate box) | | | | | LOCATION WHERE CUSTODY WAS TAKEN |
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other |
| <input checked="" type="checkbox"/> | | | | | |
| OWNER'S NAME & ADDRESS (if known) | | | | ADDITIONAL INFORMATION | |
| [REDACTED] | | | | [REDACTED] | |
| ANIMAL DESCRIPTION | | | | | |
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT |
| Fel. | Dom | Black | M | 7 | 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 Mary I. Burrell | | | | | 5-31-24 |
| DISPOSITION OF ANIMAL | | | | | DATE |
| Ethel | | | | | 6-4-24 |

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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Signature _____

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