

TIME	7:30 AM/PM	CUSTODY DATE	4-1-23	I.D. Case/No.	32717 32718
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:				Drop off	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
3x feline	DSH	TORT DIL TORT Calico Tabby	F	2yrs	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				4-1-23	
DISPOSITION OF ANIMAL				DATE	
Transferred x3				4-7-23	

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME 2:40 AM/PM		CUSTODY DATE 4-1-23		I.D. Case/No. 32720	
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
Canine	Border Collie	Blk/white	M	1yr 10mo	35#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE LC					4-1-23
DISPOSITION OF ANIMAL					DATE
Euth					4-20-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions 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: **4/1/23**
 Address: **[REDACTED]** **Martinsville, VA** Phone: **[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? **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 **[REDACTED]**

TIME 2:50 AM PM		CUSTODY DATE 4-1-23		LB. Case/No. 32721	
REASON FOR CUSTODY (mark appropriate box)					
Stray	Owner Surrender X	Seized	Bite Case	Transfer from other locality/facility	Other
LOCATION WHERE CUSTODY WAS TAKEN D A H S					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION Buddy		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES Canine	BREED great pyrenees	COLOR/MARKINGS Blk/white	SEX M	APPROX. AGE 1 1/2 yrs.	APPROX. WEIGHT 80#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER none	RABIES TAG NUMBER none	TATTOO none	COLLAR (Color, type, etc.) none	OTHER IDENTIFICATION (specify) none del	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					DATE
DISPOSITION OF ANIMAL Adopted					DATE 04-26-23

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, 2483 P.O. Box 1163, Richmond, VA 23261.

Name **[Redacted]** **27616 Raleigh NC** Date **4/1/23**
 Address **[Redacted]** Telephone **[Redacted]**
 Characteristics: Good with children **X** Lived Inside/Outside **Housebroken**
 Disposition **Adopted** 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

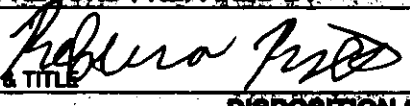

I do not own the above described animal and I relinquish custody to the Danville Area Humane Society.

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 above-described animal back.

Signature **[Redacted]**

TIME	9:03 AM <u>PM</u>		CUSTODY DATE	4/1/23		I.D. Case/No.	32724	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	D.A.H.S.		
	✓							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
Telephone:				Drop off, O.R. from city				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Chihuahua ? not sure	brindle		M	9mths	15 lbs		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)			
none	none	none	none		none			
CUSTODY RECORD PREPARED BY						DATE		
 SIGNATURE & TITLE						4/1/23		
						DATE		
DISPOSITION OF ANIMAL						DATE		
 Euth						4/8/23		

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	10:54 AM/PM	CUSTODY DATE	4/2/23	I.D. Case/No.	32723
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:				drop off	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
canine	Aus. Shep x → GS x →	wht/brown → brindle →	m → m →	2 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	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Theresa [Signature]</i>				4/2/23	
DISPOSITION OF ANIMAL				DATE	
				Euth 4/14/23	

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 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	10:54 AM/PM	CUSTODY DATE	4/2/23	I.D. Case/No.	32723				
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:					drop off				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
canine	aus. shep x → GS x →	wht/brown → brindle →	m → m →	2 yrs →	30 lbs	4/4/23			
ANIMAL IDENTIFICATION (complete all that 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>Michael Probst</i>							4/2/23		
DISPOSITION OF ANIMAL							DATE		
Adopted Released Other Euth							4/4/23		

TIME	9:12 AM/PM	CUSTODY DATE	4/2/23	I.D. Case/No.	32726
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	
				drop off	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Cat	DST	Orange/white	F		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	wht/silver	none	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Rebecca Rust</i>				4/2/23	
DISPOSITION OF ANIMAL				DATE	
<i>Euth</i>				4/2/23	

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 1163, Richmond, VA 23218.

Name [REDACTED] Date [REDACTED]

Address [REDACTED] Telephone [REDACTED]

Characteristics: Good with children [REDACTED] Lived Inside/Outside Housebroken *White Box*

Disposition Good Health Good Gets along well with other pets ND

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

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

STATEMENTS OF SURRENDER

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

Signature *[Signature]* Or

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

Signature _____

AM/PM

CUSTODY
DATE

04-03-23

I.D.
Case/No.

3272

7200

1252

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE
CUSTODY WAS TAKEN

32728

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

~~XXXXXXXXXX~~ Dropped
these off for her to find home.

Telephone:

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
Female	DstH	gray white gray + ab	F m	8 mos 9 mos	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 detected

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE Ann Turner - SAC 04-03-23

DISPOSITION OF ANIMAL

DATE

32728 euth. 4-21-23

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 1163, Richmond, VA 23218.

Name XXXXXXXXXX Date _____

Address XXXXXXXXXX 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 XXXXXXXXXX

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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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Has the animal bitten or scratched a person or animal within the past 10 days? NO

Signature_____

TIME		4:55 AM/PM		CUSTODY DATE		04-03-23		I.D. Case/No.		32730	
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]						Climb up tree then fall on dog house maybe hurt					
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
Setter	DSH	ORG 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 detected					
CUSTODY RECORD PREPARED BY										DATE	
SIGNATURE & TITLE <i>Anna Turner - Soc</i>										04-03-23	
DISPOSITION OF ANIMAL										DATE	
Euth - injuries										4-5-23	

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 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.

Signature _____

TIME	100 AM <u>PM</u>	CUSTODY DATE	4-7-22		I.D. Case/No.	32731	
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			
None				Stray Blind, Tumor on left side of face			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
10	Labx	Tan	m	1 1/2 Yrs	45#	n	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
n	n	n	n		none detected		
CUSTODY RECORD PREPARED BY						DATE	
Signature & Title: <u>AW</u>						4-4-22	
DISPOSITION OF ANIMAL						DATE	
Euth						4-7-23	

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 1163, Richmond, VA 23218.

Adopted by: [Redacted] Date 4/4/23
 Address: [Redacted] Telephone: [Redacted]

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

STATEMENTS OF SURRENDER

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

Signature: [Redacted]

Or

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

Signature: _____

Danville Police Department Animal Control Unit (434) 548-3917	ANIMAL CUSTODY RECORD <small>This form includes all information as required by §3.1-796.105.2 of the Code of Virginia.</small>
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CASE NO.	32732	CUSTODY DATE	4/4/23	TIME	4:50 AM / PM
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REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Site Clean	Transfer from other locality/facility	Other	Clement Ave
1						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
ka	Pitbull	brn	M	7yrs	55lbs	2
ANIMAL IDENTIFICATION (complete all that apply, or indicate "None")						
CITY/COUNTY LICENSE NUMBER	RABBIT TAG NUMBER	TATOO	COLOR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
—	—	—	red	—		

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE 391	4/4/23

DISPOSITION OF ANIMAL	DATE
RTO	4-5-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.105.2 of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2423, P.O. Box 1163, Richmond, Virginia 23216.

TIME	5:15 AM/PM		CUSTODY DATE		4-4-23		I.D. Case/No.		32733	
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:					LL said they couldn't keep Bella She had F for 3 months					
ANIMAL DESCRIPTION She found this lady 3 weeks										
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
Female	Labrador	BLK/white top	F	8 wks	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								DATE		
SIGNATURE & TITLE								DATE		
DISPOSITION OF ANIMAL								DATE		
Adopted								4-14-23		

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 1163, Richmond, VA 23216.

Name: [Redacted] Date: 4-4-23
Address: [Redacted] Telephone: [Redacted]
Characteristics: Good with children OK 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
Animal Control Unit
(434) 548-3817

ANIMAL CUSTODY RECORD

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

CASE NO.	32734 32735	CUSTODY DATE	4/4/23	TIME	6:05 AM (P)
----------	----------------	--------------	--------	------	-------------

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE
CUSTODY WAS TAKEN

Stray	Owner Surrender	Seized	Elts Care	Transfer from other locality	Other
2					

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Telephone:

See ACO
CROWLER

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
K9	Collie	Blk Wht (wh)	F	x2 6m	x2 25lb	2

ANIMAL IDENTIFICATION (tag, collar, tattoo, or distinctive "mark")

CITY/COUNTY LICENSE NUMBER	TAMING TAG NUMBER	TATTOO	COLOR (color, type, etc.)	OTHER IDENTIFICATION (specify)
			red x1	

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

391

4/4/23

DISPOSITION OF ANIMAL

DATE

euth x2

5-5-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.106.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 submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-3823, P.O. Box 1163, Richmond, Virginia 23269.

Danville Police Department
Animal Control Unit
(434) 548-3917

ANIMAL CUSTODY RECORD

This form includes all information as required by §1-1-796.105.B of the Code of Virginia.

CASE NO.	32736	CUSTODY DATE	4/4/23	TIME	7:30 AM <input checked="" type="radio"/> PM
----------	-------	--------------	--------	------	---

REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Site Case	Transfer from other locality	Other	DO
1						

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

A proper return
 *Skinny

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
K9	Dully Pit Mix	brn/gray	M	2 yrs	40 lbs	E
ANIMAL IDENTIFICATION (mark all that apply, or include "None")						
LICENSE NUMBER	POUND TAG NUMBER	TATTOO	COLOR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		

CUSTODY RECORD PREPARED BY	DATE
391	4/4/23
SIGNATURE & TITLE	

DISPOSITION OF ANIMAL	DATE
Euth	4-6-23

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 §1-1-796.105.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) 785-3483, P.O. Box 1763, Richmond, Virginia 23218.

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Cat	DSH	180lb white/grey	F	5 weeks	11lb	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
				no chip		
CUSTODY RECORD PREPARED BY						DATE
SIGNATURE & TITLE						DATE
DISPOSITION OF ANIMAL						DATE
						4-26-23

This form may be used by animal control agencies, breeders, adopters, representatives of humane societies, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions 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: 4/5/23

Address: [REDACTED] Telephone: [REDACTED]

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

STATEMENTS OF SURRENDER

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

Signature: [REDACTED]

Or

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

Signature: _____

TIME	7	AM/PM	CUSTODY DATE	4/5/23	I.D. Case/No.	32737	Public
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Drop-off	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Unknown				Dark gray Domestic Shorthair male (neutered?)			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
feline	Domestic Shorthair	Dark gray	M	2 YRS	10	N/A	
ANIMAL IDENTIFICATION (complete all that 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>Shirley Jones</i>						4/5/23	
DISPOSITION OF ANIMAL						DATE	
						Euth 4-19-23	

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 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 _____ and I relinquish custody to the Danville Area Humane Society.

Signature _____
Or

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

Signature _____

Danville Police Department
Animal Control Unit
(434) 548-3817

ANIMAL CUSTODY RECORD

This form includes all information as required by §3.1-796.105.2 of the Code of Virginia.

CASE NO.	32738	CUSTODY DATE	4-5-23	TIME	9:19 AM PM
----------	-------	--------------	--------	------	------------

REASON FOR CUSTODY (check appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Elts Case	Transfer from other locality/facility	Other
1					
					Jefferson st

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	AT Animal Medical center
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/PAINTINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
cat	chihuahua	wht / tan	F	1 year	8 lbs	?

ANIMAL IDENTIFICATION (markings, scars, tags, or indelible "brand")				
IDENTIFICATION LICENSE NUMBER	IMMS TAG NUMBER	TATOO	COLOR (color, type, etc.)	OTHER IDENTIFICATION (specify)
None	None	None	Green/Black	R

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE Ace I.R. Black #372	4-5-23

DISPOSITION OF ANIMAL	DATE
Euth	4-6-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.105.2 of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-9483, P.O. Box 1163, Richmond, Virginia 23216.

11/13 AM/PM		DATE		LOCATION WHERE CUSTODY WAS TAKEN 32742	
REASON FOR CUSTODY (mark appropriate box)					
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
✓					Shelter
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone: Unknown				Bon. Ave Bonner Ave	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Cat	DDSH	Blk/wht	NM	3yrd	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)	
				no chip	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE Mia Jahn VA					04-05-23
DISPOSITION OF ANIMAL					DATE
Adopted					4-18-23

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 1163, Richmond, VA 23218.

Name [REDACTED] Date 4/5/23
 Address [REDACTED] Telephone [REDACTED]
 Characteristics: Good with children _____ Lived Inside Outside Housebroken _____
 Disposition _____ Health _____ Gets along well with other pets _____
 Did you contact another shelter about this animal? _____ Why did they decline to accept? _____
 Has the animal bitten or scratched a person or animal within the past 10 days? no

STATEMENTS OF SURRENDER

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

Signature [REDACTED]

Or

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

Signature _____

TIME	328 AM/PM	CUSTODY DATE	04-05-23	Case/No.	2011
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]				Sun Left dog for parent to care for too much for them. Pague	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pit	Tan/white	F	3mos	25#
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE Ann Farmer SAC					04-05-23
DISPOSITION OF ANIMAL					DATE
Adopted					4-14-23

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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

Disposition Good Health ? Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

Danville Police Department
Animal Control Unit
(434) 548-3817

ANIMAL CUSTODY RECORD

This form includes all required information as required by §1-1-706.105.2 of the Code of Virginia.

CASE NO. <u>32743</u> <u>32744</u>		CUSTODY DATE <u>4-5-23</u>		TIME <u>10:15</u> AM / PM		
REASON FOR CUSTODY (mark appropriate box)						
Stray	Owner Surrender	Strained	Elite Case	Rescue from other facility	Other	
<u>2</u>						
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
[REDACTED]			[REDACTED]			
Telephone: _____						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
<u>canine</u>	<u>collie mix</u>	<u>wht / br</u>	<u>F</u>	<u>2 yrs</u>	<u>50 lbs</u>	<u>?</u>
<u>canine</u>	<u>shepherd mix</u>	<u>yellow</u>	<u>M</u>	<u>1 yr</u>	<u>50 lbs</u>	<u>?</u>
ANIMAL IDENTIFICATION (mark all that apply, or indicate "None")						
CITIZENSHIP LICENSE NUMBER	POUND TAG NUMBER	TAPOO	COLOR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>	<u>?</u>		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <u>Aco F.P. Blanks #322</u>					<u>4/5/23</u>	
DISPOSITION OF ANIMAL					DATE	
<u> euth </u>					<u>5-18-28</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 §1-1-706.105.2 of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 785-3483, P.O. Box 1163, Richmond, Virginia 23216.

Danville Police Department **Animal Control Unit** **(434) 542-3917**

ANIMAL CUSTODY RECORD This form includes all information as required by §2.1-796.106.2 of the Code of Virginia.

CASE NO. 32743 CUSTODY DATE 4-5-23 TIME 10:15 AM / PM

REASON FOR CUSTODY (check appropriate box)

LOCATION WHERE
CUSTODY WAS TAKEN

Stray	Owner Surrender	Strained	File Case	Rescue from other facility	Other	LOCATION WHERE CUSTODY WAS TAKEN
2						Brightwell Ct

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Brightwell Ct

Telephone

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/PATTERN	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
canine	collie mix	wht / bld	F	2 yrs	50 lbs	?
canine	shepherd mix	yellow	M	1 yr	50 lbs	?

ANIMAL IDENTIFICATION (tag, collar, microchip, or tattoo)

CITY/COUNTY LICENSE NUMBER	POUND TAG NUMBER	TATTOO	COLOR (Collar, tag, etc.)	OTHER IDENTIFICATION (specify)
None	None	None	None	?

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

Arc F.P. Black #322

4/5/23

DISPOSITION OF ANIMAL

DATE

Euth

4-21-23

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 §2.1-796.106.2 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 furnished 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, (800) 785-2423, P.O. Box 1263, Richmond, Virginia 23212.

Danville Police Department
Animal Control Unit
(434) 548-3817

ANIMAL CUSTODY RECORD

*This form includes all information as required by
 §17-796.105.8 of the Code of Virginia.*

CASE NO.	32745	CUSTODY DATE	4-5-23	TIME	1:13	AM / PM
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REASON FOR CUSTODY (check appropriate box)

**LOCATION WHERE
CUSTODY WAS TAKEN**

Stray	Owner Surrender	Seized	Hit Car	Threatened other locality	Other
1					

[REDACTED]

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Stray

Scratchy person

10 DAY
hold

Telephone:

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/PATTERN	SEX	APPROX AGE	APPROX WEIGHT	OTHER
feline	DSh	torne-shell	F	1 year	10 lbs	7

ANIMAL IDENTIFICATION INFORMATION

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

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

ACO I.D. Black PD#322

4-5-23

DISPOSITION OF ANIMAL

DATE

Euth

4-14-23

This form may be used by animal control officers, employees of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §17-796.105.8 of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 793-3423, P.O. Box 1763, Richmond, Virginia 23216.

FURRY EQUIPMENT		DANVILLE AREA HUMANE SOCIETY		PENNSYLVANIA ANIMAL CONTROL		FURONG	
TIME 2:15 AM		CUSTODY DATE 4-5-23		I.D. Case/No. 32746			
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			
				Drop off			
Telephone: _____							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER	
Feline	DSH	Orange Tabby	M	1yr.	8#		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
None	None	None	None		None def.		
CUSTODY RECORD PREPARED BY _____						DATE _____	
SIGNATURE & TITLE L. J. [Signature]						4-5-23	
DISPOSITION OF ANIMAL						DATE	
Euth						4-14-23	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane societies. Records and information generated by this form shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding 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) 542-3017

ANIMAL CUSTODY RECORD
 This form includes all information as required by
 §3.1-796.106.5 of the Code of Virginia.

Case No.	32754 32755 32756	CUSTODY DATE	4/5/23	TIME	10:00 AM / PM
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Elle Case	Transfer from other locality	Other
3					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	WEIGHT
Kelie	DSH	1x tort (CF) 2x blk	1x14yr 2x8wk	1x7lbs 2x3lbs	1x14yr 2
ANIMAL IDENTIFICATION					
CITY/STATE	LICENSE NUMBER	NECK TAG NUMBER	TATTOO	COLOR (Color, type, etc.)	OTHER IDENTIFICATION (specify)

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE	
391	4/5/23
DISPOSITION OF ANIMAL	DATE
Euth	4-25-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.106.5 of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2403, P.O. Box 17623, Richmond, Virginia 23218.

Danville Police Department
Animal Control Unit
(434) 548-3817
ANIMAL CUSTODY RECORD

 This form includes all information as required by
 §2.1-795.195.8 of the Code of Virginia.

CASE NO.	32759	CUSTODY DATE	4/5/23	TIME	7:00 AM <input checked="" type="radio"/> PM	
REASON FOR CUSTODY (check appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	File 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
Beagle	DSH	TOV+	F	1yr	7lbs	2
ANIMAL IDENTIFICATION (complete all that apply, or indicate "None")						
CITY/COUNTY LICENSE NUMBER	OWNER TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
CUSTODY RECORD PREPARED BY					DATE	
391					4/5/23	
SIGNATURE & TITLE						
DISPOSITION OF ANIMAL					DATE	
Transfer					5-4-23	

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 §2.1-795.195.8 of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 785-3483, P.O. Box 1163, Richmond, Virginia 23268.

TIME	10:45 AM/PM	CUSTODY DATE	04-06-23	I.D. Case/No.	32750
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[Redacted]				LL said can't keep him KO KO	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	YORKIE	Silver Bk tan	M	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	YES - DBG	YES. But never Register it.	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Ann Turner - Sec</i>					04-06-23
DISPOSITION OF ANIMAL					DATE
ADOPTED					4-7-23

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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

VE

9:45 AM/PM

CUSTODY

DATE 4/6/23 04-06-23

LD.
Case/No.

32761

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE
CUSTODY WAS TAKEN

32761

Stray

Owner
Surrender

Seized

Bite Case

Transfer from
other
locality/facility

Other

owner
incarcerated

Shelter

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Telephone:

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR/MARKINGS

SEX

APPROX.
AGEAPPROX.
WEIGHT

OTHER

Dom
Shorthair

Cat

1 - orange + white
1 - grey + white SF

SF

1 yr
to 214#
17#

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

CITY/COUNTY
LICENSE NUMBERRABIES TAG
NUMBER

TATTOO

COLLAR
(Color, type, etc.)

OTHER IDENTIFICATION (specify)

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

DISPOSITION OF ANIMAL

DATE

Transferred x 2

5-4-23

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 1183, Richmond, VA 23218.

Name

Date

4/6/23

Address

Telephone

Characteristics: Good with children

Lived Inside/Outside

Housebroken

Disposition friendly

Health orange - ear inf. prone

Gets along well with other pets

yes, nervous around 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
Animal Control Unit
(434) 548-3917

ANIMAL CUSTODY RECORD

This form includes all information as required by §1-796.105.2 of the Code of Virginia.

CASE NO.	32753	CUSTODY DATE	4/6/23	TIME	8:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
----------	-------	--------------	--------	------	---

REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Site Case	Transfer from other locality	Other	Hughes St
1						

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	* Not returned
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/PATTERN	SEX	APPROX AGE	APPROX WEIGHT	OTHER
Canine	Pit mix	Grey	M	2 years	50 lbs	?

ANIMAL IDENTIFICATION (complete all that apply, or indicate "None")				
CITY/COUNTY LICENSE NUMBER	POUNDER TAG NUMBER	TATTOO	COLOR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
None	None	None	green thick collar black shock collar	?

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE ACO F.I.D. Black #372	4/6/23

DISPOSITION OF ANIMAL	DATE
RTO	4-13-23

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 §1-796.105.2 of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 788-2482, P.O. Box 11653, Richmond, Virginia 23216.

TIME	12 AM/PM	CUSTODY DATE	04-06-23	I.D. Case/No.	32758
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]				Blind & CAN'T hear better she yowls.	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
Canine	Min-Pinscher	BROWN	SF	15 ^{1/2}	20 [#]
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <u>Anna Lauer-Sec</u>				04-06-23	
DISPOSITION OF ANIMAL				DATE	
Euth				4-7-23	

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 1163, Richmond, VA 23218.

Name [REDACTED] Date _____

Address [REDACTED] Telephone _____

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

Disposition Healthy 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 [REDACTED]

Danville Police Department
Animal Control Unit
(434) 548-3817

VDACS 03145 (Revised 7/00)

ANIMAL CUSTODY RECORD
 This form includes all mandated information as required by
 §3.1-796.106.B of the Code of Virginia.

CASE NO.	32759	CUSTODY DATE	4-6-23	TIME	11:03 AM / PM
----------	-------	--------------	--------	------	---------------

REASON FOR CUSTODY (check appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN Piney Forest Rd
Stray	Owner Surrender	Seized	Elite Care	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	Lab/Mix	b/k/whit	M	1 year	40 lbs	?
ANIMAL IDENTIFICATION (markings, if that apply, or indicate "None")						
CITY/COUNTY LICENSE NUMBER	PAVED TAG NUMBER	TATTOO	COLOR (Color, type, etc.)	OTHER IDENTIFICATION (if any)		
None	None	None	green	None		

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE: ACO I.D. Black #372	4-6-23

DISPOSITION OF ANIMAL	DATE
Euth	4-21-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.106.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 submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 785-5483, P.O. Box 1163, Richmond, Virginia 23268.

TIME	5:32 AM PM	CUSTODY DATE	04-06-23	I.D. Case/No.	32760
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"/>				
					Shelter
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[Redacted]			She'd moving Can't take with you. Never Been to A Vet At All		
Telephone: [Redacted]			[Redacted]		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
Canine	GS	TR:	M	1 YR	55#
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE Ann Turner Soc					04-06-23
DISPOSITION OF ANIMAL					DATE
Euth					4-14-23

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

Danville Police Department Animal Control Unit (434) 548-3817

ANIMAL CUSTODY RECORD

This form includes all information as required by §1-798.705.8 of the Code of Virginia.

CASE NO.	32764	CUSTODY DATE	4-7-23	TIME	2:06 AM 11PM
----------	-------	--------------	--------	------	--------------

REASON FOR CUSTODY (check appropriate box)

Stray	Owner Surrender	Seized	Other Case	Transfer from other locality/agency	Other	LOCATION WHERE CUSTODY WAS TAKEN
1						Cedar PI

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Telephone:

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/PAINTS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
Canine	Pit mix	wht/bro	M	1 year	50 lbs	2

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

CITY/COUNTY LICENSE NUMBER	RAINS TAG NUMBER	TATTOO	COLOR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
None	None	None	red	None

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

Alc I.D. Black PD# 376

4-7-23

DISPOSITION OF ANIMAL

DATE

Euth

4-21-23

This form may be used by animal control officers, employees of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §1-798.705.8 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 maintained 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) 785-2483, P.O. Box 1163, Richmond, Virginia 23268.

TIME	12:45 AM PM	CUSTODY DATE	4-8-23		I.D. Case/No.	32765	
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone: [REDACTED]				Does not Like Small Dogs			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Pit	Blonde/White	F	9 months	45#		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
None	None	None	None		None		
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE						4-8-23	
						DISPOSITION OF ANIMAL	
Euth						DATE	
						4-17-23	

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

Name: [REDACTED] Date: 04/08/23

Address: [REDACTED] Telephone: [REDACTED]

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

Disposition Health Great Gets along well with other pets big dog / small dogs

Did you contact another shelter about this animal? No Why did they decline to accept? don't like small dogs

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

STATEMENTS OF SURRENDER

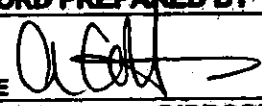
I do not own the above described animal and I relinquish custody to the Danville Area Humane Society.

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.

X Signature _____

TIME	2:00 AM/PM	CUSTODY DATE	4-8-23		I.D. Case/No.	32766	
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			
[Redacted] CALDWAS VA Telephone: [Redacted]				ANGUS			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	English Bulldog	Brite/white	NM	2 1/2	46 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 						4-8-23	
DISPOSITION OF ANIMAL						DATE	
Euth.						4-28-23	

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 1163, Richmond, VA 23218.

Name: [Redacted] Date: 4/8/23

Address: [Redacted] CALDWAS VA Telephone: [Redacted]

Characteristics: Good with children NO Lived Inside/Outside Housebroken

Disposition Good Health Good Gets along well with other pets YES

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

X Signature [Redacted]

TIME	3:00 AM/PM	CUSTODY DATE	4-8-23	I.D. Case/No.	82767 32768
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]				Children allergic	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
2x Guinea Pig		Brown/white - 1	Males	2 yrs	3 lb
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE					
DISPOSITION OF ANIMAL				DATE	
with x 2				4-26-23	

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 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	3:00 AM/PM	CUSTODY DATE	4-8-23	I.D. Case/No.	32769
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]				Preg-	
Telephone: [Redacted]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DH	White/Black	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 det	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE [Signature]					4-8-23
DISPOSITION OF ANIMAL					DATE
Euth					4-17-23

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

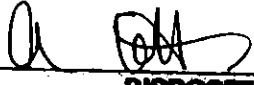
I do not own the above described animal and I relinquish custody to the Danville Area Humane Society.

Signature _____

Or

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

Signature _____

TIME	7:04 AM/PM	CUSTODY DATE	4-8-23		I.D. Case/No.	32770	
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: Drop off.				Found on Webster.			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Shepherd	Black	m.	4 yrs	70#		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
Nine	Nine	Nine	Flu		None detected		
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE 						4-8-23	
DISPOSITION OF ANIMAL						DATE	
Euth						4-20-23	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions 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	2:23 AM/PM	CUSTODY DATE	04-10-23	I.D. Case/No.	32771
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
X					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone: UNKNOWN				Sound on Sgt Kentucky Yrd R:nggold Brought home today B.H. Child	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
Canine	Chix	Black/white	M	3yr.	20#
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	NO Chip	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <u>Anna Turner - Sec</u>					04-10-23
DISPOSITION OF ANIMAL					DATE
Euth					5-11-23

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 1163, Richmond, VA 23218.

Name [REDACTED] Date 04-10-23

Address [REDACTED] Telephone [REDACTED]

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

STATEMENTS OF SURRENDER

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

Signature [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]

Signature

TIME		CUSTODY DATE		L.D. Case/No.	
4:43 AM/PM		04-10-23		32773 32774	
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 is moving Can't keep her	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
2 feline	DSH DLH	Gray-Luna Black-White	F	6-7 mos 1yr	10#
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE Ann Farmer-Sec					04-10-23
DISPOSITION OF ANIMAL					DATE
Transferred					5-4-23

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 1163, Richmond, VA 23218.

Name [REDACTED] Date [REDACTED]

Address [REDACTED] Telephone [REDACTED]

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

PM CUSTODY DATE 4-10-23 I.D. Case/No. 32775

FOR CUSTODY (mark appropriate box)

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

LOCATION WHERE CUSTODY WAS TAKEN 32774 DAHS

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

ANIMAL DESCRIPTION SPECIES BREED COLOR/MARKINGS SEX APPROX AGE APPROX WEIGHT OTHER 2x Canine Beagles White/Brown 5yr 3yr 45/40

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

CUSTODY RECORD PREPARED BY SIGNATURE & TITLE DATE 4-10-23 DISPOSITION OF ANIMAL Euth DATE 4-23-23

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 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

Or

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

Signature

TIME	107	AM/PM	CUSTODY DATE	4-10-23	I.D. Case/No.	32788 32798
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
X					D.A.H.S.	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone: unknown				Drop off		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
2x feline	DMH	gray Tabby Black	FFS	5wks	1#	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
none	none	none	none	none		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE					4-10-23	
DISPOSITION OF ANIMAL					DATE	
Euth					4-24-23	

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

Danville Police Department
Animal Control Unit
(434) 548-3817

ANIMAL CUSTODY RECORD

*This form includes all mandated information as required by
 §2.1-796.706.2 of the Code of Virginia.*

CASE NO.		CUSTODY DATE	4-11-23	TIME	10:16 AM / PM
----------	--	--------------	---------	------	---------------

REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Site Clean	Threatened other locality	Other	
1						taylor rd

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/PATTERN	SEX	APPROX AGE	APPROX WEIGHT	OTHER
Canine	long hair terrier	gray	M	10 years	85 lbs	?

ANIMAL IDENTIFICATION (complete all that apply, or indicate "None")				
CITY/COUNTY LICENSE NUMBER	OWNER TAG NUMBER	TATTOO	COLOR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
None	None	None	None	

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <i>ACOT, D. Black PPH#374</i>	4-11-23

DISPOSITION OF ANIMAL	DATE
<i>RTO</i>	4-12-23

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 §2.1-796.706.2 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 generated 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) 793-3683, P.O. Box 1163, Richmond, Virginia 23216.

Danville Police Department
Animal Control Unit
(434) 543-3817

ANIMAL CUSTODY RECORD

This form includes all mandated information as required by §3.1-796.106.2 of the Code of Virginia.

CASE NO.	32777 32778	CUSTODY DATE	4/11/23	TIME	11:12	AM / PM	PM
REASON FOR CUSTODY (check appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Elite Case	Transfer from other locality/facility	Other	Indian Valley Ra	
2							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
				See ACO Crowder			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER	
K9 x 2	COHIE MIX hound MIX	white tri Paris	M SF	2yrs 2yrs	100 lbs 35 lbs	2	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "None")							
CITY/COUNTY LICENSE NUMBER	PASS TAG NUMBER	TATTOO	COLOR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
—	—	—	None brn (PINK)	[REDACTED]			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE 391						4/11/23	
DISPOSITION OF ANIMAL						DATE	
RTO x 2						4-11-23	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.106.2 of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (800) 795-3463, P.O. Box 1163, Richmond, Virginia 23218.

TIME	11:42 AM/PM	CUSTODY DATE	04-11-23	I.D. Case/No.	32779
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]				Graybox Can't get it to his letter Box.	
Telephone: 336 514 6990					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	gray/white	M	10mos	5#
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	No chip	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Anne Turner-SK				04-11-23	
DISPOSITION OF ANIMAL				DATE	
Euth				4-14-23	

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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

Office Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
12:55 AM/PM		CUSTODY DATE		04-11-23		I.D. Case/No.		32780 32781	
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				
Ruffin, Ne. [Redacted] Telephone: [Redacted]					Can't Afford Charlie - Doodles - is not good on leash at all				
SPECIES		BREED		COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
2x Canine	Labx	TAN		F	10 mos	30#	None		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER		TATTOO		COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
None	None		None		None		None detected		
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE Ann Jume - Ser						04-11-23			
DISPOSITION OF ANIMAL						DATE			
Euth						4-14-23			

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 1163, Richmond, VA 23218.

Name _____

Date _____

Address _____

Telephone _____

Characteristics: Good with children yes

Disposition OK Health good

Lived Inside/Outside Housebroken yes

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

Has the animal bitten or scratched a person or animal within the past 10 days? NO Why did they decline to accept? Full can't take them

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

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

ANIMAL CUSTODY RECORD

*This form includes all information as required by
 §1-1-796.106.2 of the Code of Virginia.*

CASE NO.	32782 32783	CUSTODY DATE	4/11/23	TIME	12:49 AM / PM	
REASON FOR CUSTODY (check appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	File Case	Transfer from other locality	Other	
2						
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/PAINTS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
K9 x2	Puggle Pit/box	blk/tan blk/tan	Fx2	3yr x1 7yr x1	75 lbs 15 lbs	2
ANIMAL IDENTIFICATION (Complete all that apply, or indicate "None")						
CITIZENSHIP LICENSE NUMBER	MISS TAG NUMBER	TATTOO	COLOR (Coll, tag, etc.)	OTHER IDENTIFICATION (specify)		
			Pink Red			

CUSTODY RECORD PREPARED BY	DATE
391	4/11/23
SIGNATURE & TITLE	


DISPOSITION OF ANIMAL	DATE
RTO	4-12-23

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 §1-1-796.106.2 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, (800) 785-5463, P.O. Box 1763, Richmond, Virginia 23216.

Danville Police Department
Animal Control Unit
(434) 548-3817

ANIMAL CUSTODY RECORD

*This form includes all information as required by
 §1-1-702.105.8 of the Code of Virginia.*

CASE NO.	32784	CUSTODY DATE	4/11/23	TIME	1:40	AM / PM	PM
REASON FOR CUSTODY (check appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	File Case	Humanitarian or Public Safety	Other		
1							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Belgian	DSH	WHT/BLK	F	6m	6lbs	Z	
ANIMAL IDENTIFICATION (license, tag, collar, or other)							
CITIZENSHIP LICENSE NUMBER	POUND TAG NUMBER	Tattoo	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
CUSTODY RECORD PREPARED BY						DATE	
391						4/11/23	
SIGNATURE & TITLE							
DISPOSITION OF ANIMAL						DATE	
Euth						4-21-23	

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 §1-1-702.105.8 of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 785-5423, P.O. Box 1163, Richmond, Virginia 23268.

9:55 AM/PM CUSTODY DATE 4-11-23 I.D. Case No. 32785 32786

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

Telephone: unknown

TRAPPING
gray - 10 Day 6K 4/21

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
2x feline	DSH	gray Tabby gray/white	F	4 months	4#	

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

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

CUSTODY RECORD PREPARED BY:

DATE

SIGNATURE & TITLE Anne J. Smith, Sec

04-11-23

DISPOSITION OF ANIMAL

DATE

Euth

4-21-23

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 1163, Richmond, VA 23218.

Name: [redacted] Date 4-11-23
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? yes

STATEMENTS OF SURRENDER

I do not own the above described animal and I turn over 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	8:45 AM/PM	CUSTODY DATE	4-12-23		I.D. Case/No.	32790 32791	
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]							
Telephone: _____							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
4x feline	DSH	3-gray Tabby - ^{calico Tabby}	2 M 2 F	8 wks. ±	3#		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
none	none	none	none		here detd		
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>Gr</i>						4-12-20	
DISPOSITION OF ANIMAL						DATE	
Transferred						5-7-23	

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

Name: [REDACTED] Date: _____
 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 _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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
Animal Control Unit
(434) 548-3817

ANIMAL CUSTODY RECORD

*This form includes all information as required by
 §1-179A.106.B of the Code of Virginia.*

CASE NO.	32794 32795 32796	CUSTODY DATE	4/12/23	TIME	2:25 AM (PM)
----------	-------------------------	--------------	---------	------	--------------

REASON FOR CUSTODY (check appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Site Case	Transfer from other locality	Other	119 Skylark CT
3						

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

ANIMAL DESCRIPTION																
SPECIES	BREED	COLOR/PAINTS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER										
Feline x3	DSH x3	ORG x1 BLK x2	—	1 day x3	10.2 x3	2										
<table border="1"> <tr> <th>LICENSE NUMBER</th> <th>NECK TAG NUMBER</th> <th>TATTOO</th> <th>COLLAR (Color, type, etc.)</th> <th>OTHER IDENTIFICATION (if any)</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							LICENSE NUMBER	NECK TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (if any)					
LICENSE NUMBER	NECK TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (if any)												

PREPARED BY	DATE
SIGNATURE & TITLE	4/12/23

DISPOSITION OF ANIMAL	DATE
Euth	4-12-23

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 §1-179A.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 submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 788-9483, P.O. Box 17053, Richmond, Virginia 23216.

TIME	4:07 AM/PM	CUSTODY DATE	04-12-23	I.D. Case/No.	32797
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 wild	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Black white	M	1yr	5#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Anna Turner-Soc</i>					04-12-23
DISPOSITION OF ANIMAL					DATE
Euth					4-19-23

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 1163, Richmond, VA 23218.

Name: [Redacted] Date: 04-12-23

Address: [Redacted] Telephone: [Redacted]

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature: [Redacted] Or

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

Signature _____

10:23 AM/PM CUSTODY DATE 04-13-23 I.D. Case/No. 32787

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

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

She Her

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Good KC-K9 Program trained

IRIS

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit	gray-white	F	5-6 yrs	50#	None

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

CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
None	None	None	None	NO CHIP

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

Ann Turner-Sec

04-13-23

DISPOSITION OF ANIMAL

DATE

Euth

4-20-23

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

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children yes Lived Inside/Outside Inside Housebroken yes
 Disposition good Health good Gets along well with other pets NO CATS
 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 _____

TIME	1:02 AM/PM	CUSTODY DATE	04-13-23	ID. Case/No.	32799
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]				Sickly BAI - Euth	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Rott	BIK-TAN	F	13YRS	65#
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <u>Ann Janner Sec</u>				04-13-23	
DISPOSITION OF ANIMAL				DATE	
Euth				4-13-23	

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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

TIME	12:55 AM/PM	CUSTODY DATE	04-13-23	I.D. Case/No.	32800 32801
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]				On target shots there or to keep them	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
34 Canine	Pit	Red - Bk - white Blue - only - Blue Blue - only - Blue	M	4 yr 2 yr 1 yr	75# 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 detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				DATE	
[Signature]				04-13-23	
DISPOSITION OF ANIMAL				DATE	
Euth				4-20-23	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions 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 good Lived Inside/Outside Inside Housebroken yes
 Disposition good Health good Gets along well with other pets yes
 Did you contact another shelter about this animal? Richmond Why did they decline to accept? Greenhouse-Caswell
 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 that may not be possible in all cases, and I also acknowledge that I will follow the adoption policies and procedures if I decide I want the animal.

Signature _____

TIME	12:50 AM/PM	CUSTODY DATE	4-13-23	I.D. Case/No.	32803 32804
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
X					DATHS
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]			Calico - wound on neck Top And Bottom		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
34 Feline	Dsth	2 gray, calico	m/f	3 wks	1 lb
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				4-13-23	
DISPOSITION OF ANIMAL				DATE	
unweaned Scrub wounds				4-13-23	

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

X Sign _____
Or

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

Signature _____

ME

1230 AM/PM

CUSTODY
DATE

04/13-23

Danville Area Humane Society

Pittsylvania Animal Control

Public

ID.
Case/No.

32800

32800

REASON FOR CUSTODY (mark appropriate box)

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

LOCATION WHERE
CUSTODY WAS TAKEN

Shelter

OWNER'S NAME & ADDRESS (if known)

Telephone: UNKNOWN

ADDITIONAL INFORMATION

Been hanging around for 2 days
- Eapthen.

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
2x feline	PSH	ORG/white BLK/white	M	3mths	3#	

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

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

CUSTODY RECORD PREPARED BY

SIGNATURE & TITLE Ann Farmer-Sic

DATE

04-13-23

DISPOSITION OF ANIMAL

DATE

5-4-23

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 1163, Richmond, VA 23218.

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

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

STATEMENTS OF SURRENDER

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

Signature: [REDACTED]

Or

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

Signature _____

ADOPTED

TIME	1230 AM/PM	CUSTODY DATE	04-13-23		I.D. Case/No.	32807 32807	
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: Unknown				Been hanging around for 2 days - Eapthen.			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER	
2x Feline	DSH	Orange/white Black/white	M	3 mths	3 lb		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	None	None detected			
CUSTODY RECORD PREPARED BY							
SIGNATURE & TITLE Ann Farmer-Soc						DATE	
						04-13-23	
DISPOSITION OF ANIMAL							
Adopted						DATE	
						5-2-23	

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

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

STATEMENTS OF SURRENDER

I do not own the animal. I am surrendering it to the Danville Area Humane Society.
 Signature: [Redacted] Or

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

Signature: _____

ME	1230 AM/PM	CUSTODY DATE	04/13-23	LD. Case No.	32807
----	------------	--------------	----------	--------------	-------

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
Unknown	Been hanging around for 2 days - Bapthen.

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	org/white Blk/white	M	3 months	3#	

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

STUDY RECORD PREPARED BY	DATE
Ann Farmer-Sic	04/13/23

SIGNATURE & TITLE	DISPOSITION OF ANIMAL	DATE
	Adopted	5-2-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane legislators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted monthly to the State Veterinarian in the prescribed format. Questions 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 _____
 Position: _____ Health: _____ Gets along well with other pets _____
 Do you contact another shelter about this animal? _____ Why did they decline to accept? _____
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

STATEMENTS OF SURRENDER

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

Signature: _____ Or _____

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

Signature: _____

TIME 2:13 AM/PM CUSTODY DATE 04-13-23 I.D. Case/No. 32808

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

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

Shelter

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ASG & Dora Inc
Telephone: [redacted]

[redacted] ant

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Collie X	BROWN	M	6 mos.	20#	NONE

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

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

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE Ann Turner - Sec

04-13-23

DISPOSITION OF ANIMAL

DATE

Euth

4-22-23

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children OK Lived Inside/Outside Lived Inside Housebroken NO
 Disposition NOT SURE 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 [redacted]

Danville Police Department
Animal Control Unit
(434) 548-3817

ANIMAL CUSTODY RECORD
This form includes all information as required by
§2.1-796.10B.2 of the Code of Virginia.

CASE NO. 32809 CUSTODY DATE 4/13/23 TIME 2:00 AM / PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

Stray	Owner Surrender	Seized	Site Case	Transfer from other locality	Other
1					

Montague ST

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

UNKNOWN

*found in yard

Telephone:

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/PATTERN	SEX	APPROX AGE	APPROX WEIGHT	OTHER
feline	DSH	gru tabby	M	6m	21bs	None

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

CITY/COUNTY LICENSE NUMBER	PAWS TAG NUMBER	TATTOO	COLOR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
NONE	NONE	NONE	NONE	NONE

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

Ashley Crowder

391

4/13/23

DISPOSITION OF ANIMAL

DATE

*friendly

Adopted

4/25/23

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 §2.1-796.10B.2 of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-5483, P.O. Box 1163, Richmond, Virginia 23268.

TIME 3:04 AM/PM		CUSTODY DATE 04-13-23		I.D. Case/No. 32810	
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]				DVF They having a baby can't keep on longer	
ANIMAL DESCRIPTION Blossom					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Beagle x	BROWN	F	1 yr	30#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Ann Jarmu-Sue				04-13-23	
DISPOSITION OF ANIMAL				DATE	
[REDACTED]				5-9-23	

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

2 WKS - FREE 4-13-20 + 20-27
3 WKS - \$10 A DAY 28 - may 4 - Pick-up May 11th

Told. come get ASP
7/25/23 - have 24 hours to get dog.

TIME		2:41 AM/PM		CUSTODY DATE		04-13-23		I.D. Case/No.		32811	
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]						Safe Keeping Rain					
Telephone [Redacted]											
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
Canine	Pit	Brown Red nose		F	2 yrs	60 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	- tag -		none						
CUSTODY RECORD PREPARED BY										DATE	
SIGNATURE & TITLE Anna Farmer - Sec										04-13-23	
DISPOSITION OF ANIMAL										DATE	

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets ☒

Did you contact another shelter about this animal? 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 Darville Area Humane Society.

Signature _____

Or

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

X Signature [Redacted]

Danville Police Department Animal Control Unit (434) 548-3917	VDACS 03145 (Revised 7/05) ANIMAL CUSTODY RECORD <small>This form includes all information required by §3.1-796.105.B of the Code of Virginia.</small>
--	---

CASE NO.	32816 32817 32818	CUSTODY DATE	4-13-23	TIME	9:10 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
----------	-------------------	--------------	---------	------	---

REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other facility	Other	drop off
4						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
feline	DMH	Orange - 1 Gray - 2 Black - 1	3xM 1xF	4 weeks	11 lbs	7

ANIMAL IDENTIFICATION (Complete all that apply, or indicate "None")				
CITY/COUNTY LICENSE NUMBER	PIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
None	None	None	None	None

CUSTODY RECORD PREPARED BY		DATE
SIGNATURE & TITLE		
A/C I. D. Black PD#372		4-13-23

DISPOSITION OF ANIMAL		DATE
Euth		4-14-23

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 §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 submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-9423, P.O. Box 11653, Richmond, Virginia 23212.

Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
CUSTODY DATE <u>4/14/2023</u>		LD. Case/No. <u>32812</u>					
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Unknown							
Telephone: _____							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Feline	DOH	Gray/white	M	2 yrs.	12 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 detected.		
CUSTODY RECORD PREPARED BY: <u>[Signature]</u>						DATE	
SIGNATURE & TITLE <u>Paula Dean Director</u>						DATE <u>4/14/2023</u>	
DISPOSITION OF ANIMAL						DATE	
Euth						4-21-23	

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 1163, Richmond, VA 23218.

Name [Redacted] Date 4/14/23
 Address [Redacted] Telephone _____

Characteristics: Good with children _____ Lived Inside/Outside _____ Housebroken _____
 Disposition Feral Health _____ Gets along well with other pets _____
 Did you contact another shelter about this animal? Yes Why did they decline to accept? Pet Center will only take friendly cats
 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
Animal Control Unit
(434) 548-3817

ANIMAL CUSTODY RECORD

This form includes all information as required by §3.1-706.10B of the Code of Virginia.

CASE NO.	32813 32814 m	CUSTODY DATE	4/14/23	TIME	9:22 AM / PM
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REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Site Case	Transfer from other locality	Other	Baltimore Ave
	impound 2					

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	*impound owner or friend can get dog back

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/PATTERN	SEX	APPROX AGE	APPROX WEIGHT	OTHER
K9	Bully Mix	gray/white	F	1 yr	35 lbs	NONE
K9	French Bull	tri color	M	6 mo	12 lbs	NONE
ANIMAL IDENTIFICATION (Complete all that apply, or indicate "None")						
CITY/COUNTY LICENSE NUMBER	OWNER TAG NUMBER	TAPOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
NONE	unknown	NONE	flower collar	NONE		
NONE	unknown	NONE	NONE	NONE		

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE 391- [REDACTED] Crowder	4/14/23

DISPOSITION OF ANIMAL	DATE
RTO	4-15-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-706.10B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-5423, P.O. Box 1163, Richmond, Virginia 23262.

Police Department
Animal Control Unit
(304) 548-3017

ANIMAL CUSTODY RECORD

This form includes all information as required by
§3.1-706.106.5 of the Code of Virginia.

CASE NO.	32815	CUSTODY DATE	4/14/23	TIME	9:22 AM
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Other Case	Transfer from other locality	Other
1					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
unknown			- caught in trap * May be pregnant		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/PATTERN	SEX	APPROX AGE	APPROX WEIGHT
Feline	DSH	Bk/Wht	F	1yr	7+ lbs
OTHER					
NONE					
ANIMAL IDENTIFICATION (mark all that apply or include tag #)					
IDENTITY LICENSE NUMBER	NECK TAG NUMBER	TATTOO	COLOR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	none	NONE	NONE	

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE 391-Ashley Crowder	4/14/23

DISPOSITION OF ANIMAL	DATE
Euth	4-21-23

This form may be used by animal control officers, contractors of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-706.106.5 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 transmitted 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, (800) 765-5463, P.O. Box 1163, Richmond, Virginia 23216.

TIME	12:45 AM/PM	CUSTODY DATE	4-14-23		I.D. Case/No.	32820 32821	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[Redacted Address] Telephone: [Redacted]				outside near a tree; near Jordanias I was walking			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
2x RAT	Domestic Rats	white Tan	Fm	3 days	1/4 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 det.			
CUSTODY RECORD PREPARED BY:						DATE	
SIGNATURE & TITLE <i>May Beutt</i>						4-14-23	
DISPOSITION OF ANIMAL						DATE	
Unweaned Baby Rats Euth						4-14-23	

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

X Signature [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 _____

Danville Police Department
Animal Control Unit
(434) 548-3817

ANIMAL CUSTODY RECORD

This form includes all information as required by §1-1-796.106.2 of the Code of Virginia.

CASE NO.	32823	CUSTODY DATE	4-14-23	TIME	4:15	AM / PM	PM
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REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Eligible Case	Transfer from other facility	Other	Parkton St
1						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/PAINT	SEX	APPROX AGE	APPROX WEIGHT	OTHER
Canine	Shepherd mix	Gold	F	2 year	60 lbs	None None

ANIMAL IDENTIFICATION (mark if that apply, or indicate "None")				
CITY/COUNTY LICENSE NUMBER	HARNESS TAG NUMBER	TATTOO	COLOR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
None	None	None	Cammo	None

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE	4-14-23
Acc I. D. Black pp #372	

DISPOSITION OF ANIMAL	DATE
RTO	4-17-23

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 §1-1-796.106.2 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 maintained 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) 798-2423, P.O. Box 1163, Richmond, Virginia 23268.

TIME	5:40 AM/PM	CUSTODY DATE	4-14-23	I.D. Case/No.	32824
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
K-9	hound	Brown/white	F	5yr	35#
OTHER: SKINNY					
ANIMAL IDENTIFICATION (complete all that 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. Bussell</i>					4-14-23
DISPOSITION OF ANIMAL					DATE
<i>Euthanized</i>					4-26-23

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 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 _____ and I relinquish custody to the Danville Area Humane Society.

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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 6:15 AM/PM CUSTODY DATE 4-14-23 I.D. Case/No. 32825 32826 32827

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

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Unknown

Unweaned

ANIMAL DESCRIPTION

SPECIES Feline BREED DSH COLOR/MARKINGS 1-Calico 1-Black & white SEX 1-F 2-M APPROX. AGE 3 wks APPROX. WEIGHT 202 OTHER ☐

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

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

CUSTODY RECORD PREPARED BY: [Signature]

DATE

SIGNATURE & TITLE

[Signature]

4-14-23

DISPOSITION OF ANIMAL

DATE

[Signature]

Euth

4-15-23

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature [Signature]

Or

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

Signature _____

11:35 AM PM		CUSTODY DATE		4-15-23		I.D. Case/No.		32828	
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]					Stray Dropped off				
Telephone: [Redacted]									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Feline	DSH	gray	F	5mth	4#	skinny			
ANIMAL IDENTIFICATION (complete all that 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: [Redacted]							DATE		
SIGNATURE & TITLE							4-15-23		
DISPOSITION OF ANIMAL							DATE		
Euth							4-21-23		

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 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 _____

TIME	3:25 AM/PM	CUSTODY DATE	4-15-23		ID. Case/No.	32 829	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		
X							
OWNER'S NAME & ADDRESS (if known)				ADAMS			
Telephone:				mrytle Ave - Toenail - injury			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Dober.	Blk/Tan	F	2yrs	10#		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
none	none	none	none		none det -		
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE [Signature]						4-15-23	
						DATE	
DISPOSITION OF ANIMAL						DATE	
T. K. S. J. [Signature]						5-9-23	

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 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	3:40 AM/PM	CUSTODY DATE	4-15-23	ID. Case/No.	32830
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	
Little Creek Rd				head injury eyes bleed from mouth nose -	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DMH	Orange	M	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)	
nm	nm	nm	none	none dec	
CUSTODY RECORD PREPARED BY:				DATE	
SIGNATURE & TITLE				4-15-23	
DISPOSITION OF ANIMAL				DATE	
Euth - Dying				4-15-23	

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 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 _____

City Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME 1:14 AM/PM		CUSTODY DATE April 16 2023		I.D. Case/No. 32831					
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]					[REDACTED] eunaid				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Canine	Pit mix	GOLDEN	F	1 yr	30	none			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
NONE	NONE	NONE	green collar		None				
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE [Signature]						DATE 4/16/23			
DISPOSITION OF ANIMAL						DATE			
[Signature] For owner euth						4/16/2			

This form may be used by, animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions 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 4/16/23
 Address [REDACTED] Telephone [REDACTED]
 Characteristics: Good with children teens hasn't been Lived inside Outside Housebroken No
 Disposition Good Health good Gets along well with other pets Not cats
 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]

TIME		3:30 AM/PM		CUSTODY DATE		April 16 2023		I.D. Case/No.		32822	
REASON FOR CUSTODY (mark appropriate box)								LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Police Dropped					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
OWNER'S NAME & ADDRESS (if known)						ADDITIONAL INFORMATION					
UNKNOWN											
Telephone:											
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
Canine	Pitmix	Dark Brown/White		F	2yrs	30	none				
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")											
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)			OTHER IDENTIFICATION (specify)					
none	none	none	Choke Chain			none					
CUSTODY RECORD PREPARED BY								DATE			
SIGNATURE & TITLE <i>Shirley Swannan</i>								April 16 2023			
DISPOSITION OF ANIMAL								DATE			
F. J. N. Exth								5-2-23			

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 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 am surrendering custody to the Danville Area Humane Society.

Signature _____
Or _____

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

Signature _____

TIME	3:40 AM	CUSTODY DATE	April 16 2023	I.D. Case/No.	32833
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	Calico	White, orange, black	F	1 yr	8 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				DATE	
DISPOSITION OF ANIMAL				DATE	
Euth				4-25-23	

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 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 _____

3:40 AM/PM CUSTODY DATE April 16 2023 I.D. Case/No. 32834

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:

ANIMAL DESCRIPTION

SPECIES BREED COLOR/MARKINGS SEX APPROX. AGE APPROX. WEIGHT OTHER

Feline Domestic Shorthair Black F 1yr 3lbs

ANIMAL IDENTIFICATION (complete all that 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] Savannah

4/16/23

DISPOSITION OF ANIMAL

DATE

Euth

4.25.23

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Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

Danville Animal Control	Danville Area Humane Society	Pittsylvania Animal Control	Public
AM/PM	CUSTODY DATE	4/17/23	I.D. Case No. 72983, 32876, 72817, 72818

REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Drop off
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
Telephone: UNKNOWN	4 kittens 2 Black 2 Black & White

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	Domestic Shorthair	Black & White	F	6 wks	3 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	none

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE Savannah	4/17/23
DISPOSITION OF ANIMAL	DATE
with 44	5-2-23

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Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	8:47 AM	CUSTODY DATE	4-17-23	I.D. Case/No.	32839
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]				Sick	
Telephone: [REDACTED]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
canine	Hound mix	tan/blk	M	10 years	50 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 6063	None	None	Multi-color peace signs	None	
CUSTODY RECORD PREPARED BY:					DATE
SIGNATURE & TITLE ACO I.D. Black PD #372					4-17-23
DISPOSITION OF ANIMAL					DATE
Euth					4-17-23

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 1163, Richmond, VA 23218.

Name [REDACTED] Date 4-17-23

Address [REDACTED] Telephone [REDACTED]

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

STATEMENTS OF SURRENDER


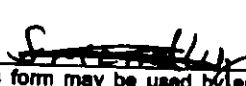
I do not own the above described animal and I relinquish custody to the Danville Area Humane Society.

Signature _____

Or

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

Signature [REDACTED]

TIME	630 AM PM	CUSTODY DATE	4-17-23		I.D. Case/No.	32841	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Drop Off	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Unknown							
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Dix	White w/ grey spots	F	2 yrs	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	chain w/ lock				
CUSTODY RECORD PREPARED BY				DATE			
				4-17-23			
SIGNATURE & TITLE				DATE			
				5-2-23			
DISPOSITION OF ANIMAL				DATE			
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 _____ 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 _____

Department <u>Danville Animal Control</u>		Danville Area Humane Society		Pittsylvania Animal Control		Public	
12 AM/PM		CUSTODY DATE		04-18-23		I.D. Case/No. 32842 32843	
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]				Pet Smart - 2 mos. don't have time for them.			
Telephone: [Redacted]							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
2 x Citter	Garbils	BROWN	m	6 mos	102	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	None	None detected			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <u>Ann Farmer - Sec</u>						04-18-23	
DISPOSITION OF ANIMAL						DATE	
<u>With X2</u>						4-26-23	

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature [Redacted]

TIME	10:32 AM/PM	CUSTODY DATE	04-18-23	I.D. Case/No.	32844 32845
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: Known Under house				Sound up under house	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
5 feline	D5H	2 grey tab 1 - blk-wht 1 - blk	F M	4 wks	1/2#
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY: Ann Turner-Sae				DATE	
SIGNATURE & TITLE				04-18-23	
DISPOSITION OF ANIMAL				DATE	
Euth				4-21-23	

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 1163, Richmond, VA 23218.

Name: [REDACTED] Date: 04-18-23

Address: [REDACTED] Telephone: [REDACTED]

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

STATEMENTS OF SURRENDER

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

Signature: [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: _____

Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
12:30 AM/PM		CUSTODY DATE		04-18-23		I.D. Case/No.		32849	
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]					They have New Born Baby - But this Dog is very Aggressive to people - other pets "Mollie"				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Canine	Sheep X	Red		F	3 1/2	40#	None		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO		COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)			
None	None	None		None		None detected			
CUSTODY RECORD PREPARED BY:						DATE			
SIGNATURE & TITLE: Anne Turner - Sec						04-18-23			
DISPOSITION OF ANIMAL						DATE			
Euth						4-20-23			

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions 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 Kept Away Lived Inside/Outside Housebroken Yes
 Disposition _____ Health _____ Gets along well with other pets Aggressive - 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? Kill A puppy (in laws)

STATEMENTS OF SURRENDER

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

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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	3:12 AM/PM		CUSTODY DATE		04-18-23		I.D. Case/No.	32850
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]				Not good with cats or small dogs or some people He may be better CAN'T handle any longer "Blue"				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Lab	Choc.		M	4yrs	50#	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)			
None	None	None	None		Not Chipped			
CUSTODY RECORD PREPARED BY:							DATE	
SIGNATURE & TITLE <i>Ann Turner-SIC</i>							04-8-23	
DISPOSITION OF ANIMAL							DATE	
Euth							4-20-23	

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

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children NO Lived Inside/Outside Housebroken yes
 Disposition _____ Health _____ Gets along well with other pets large dog only
 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		3:27 AM/PM		CUSTODY DATE		04-18-23		I.D. Case/No.		32851	
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]						[REDACTED]					
Telephone: [REDACTED]						[REDACTED]					
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
Canine	Pit x	Brindle/white		NM	1 yrs.	50#	None				
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")											
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)			OTHER IDENTIFICATION (specify)					
None	None	None	None			Chipped					
CUSTODY RECORD PREPARED BY										DATE	
SIGNATURE & TITLE <i>Ann Turner-Jec</i>										04-18-23	
DISPOSITION OF ANIMAL										DATE	
RTO										4-24-23	

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME		3:40 AM/PM		CUSTODY DATE		04-18-23		ID. Case/No.		32852	
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]						Jump at a child - scratched BROKE skin a little					
Cheatham VA						"mack" Hold 10 days					
Telephone: [Redacted]						4-28-23					
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER					
Canine	English Bulldog	Brindle	M	1 1/2 yr	40#	None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")											
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)							
None	None	None	None	None detected							
CUSTODY RECORD PREPARED BY:										DATE	
SIGNATURE & TITLE										04-18-23	
DISPOSITION OF ANIMAL										DATE	
Euth.										4-28-23	

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children will jump Lived inside/outside Housebroken somewhat
Disposition _____ Health _____ Gets along well with other pets OK
Did you contact another shelter about this animal? LPS Why did they decline to accept? Ref Center turned down
Has the animal bitten or scratched a person or animal within the past 10 days? YES on child run

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

Danville Police Department
Animal Control Unit
(434) 548-3817

ANIMAL CUSTODY RECORD

This form includes all information as required by §17-796.105.9 of the Code of Virginia.

CASE NO.	32853	CUSTODY DATE	4/19/23	TIME	10:43 AM
REASON FOR CUSTODY (check appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	File Case	Transfer from other locality/facility	Other
1					
OBJECT'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION
[REDACTED]					hit by car
Telephone					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/PAINTS	SEX	APPROX AGE	APPROX WEIGHT
K9	collie mix	tan	M	3yrs	40lbs
OTHER					
NONE					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "None")					
IDENTIFICATION LICENSE NUMBER	NAME TAG NUMBER	TIPOO	COLOR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	gray & blue collar	NONE	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE Ashley Crowder 391					4/19/23
DISPOSITION OF ANIMAL					DATE
Euth					4-19-23

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 §17-796.105.9 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 maintained 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) 788-3483, P.O. Box 1763, Richmond, Virginia 23218.

12:15 AM PM		CUSTODY DATE		04-19-23		I.D. Case/No. 32859		Public 32860					
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]					1-BLK-F Bridget 1-qry White Bernese - eye med 1 yr. 1-qry - [unclear] - eye med 04 - Harvey - F - 2 yr. She had 12 no 8 now 4 shed Just can't keep All because of her age.								
SPECIES		BREED		COLOR/MARKINGS		SEX		APPROX AGE		APPROX WEIGHT		OTHER	
4x feline		3DSH 1-DLH		See top [unclear]		3-SF F		1 yr 2 yr		#3 #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 Defected					
CUSTODY RECORD PREPARED BY										DATE			
SIGNATURE & TITLE Ann Janner - Sec										04-19-23			
DISPOSITION OF ANIMAL										DATE			
Euth										4-21-23			

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health 2-year med _____ Gets along well with other pets _____ yes

Did you contact another shelter about this animal? Yes/No _____ Why did they decline to accept? Full

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

Danville Police Department
Animal Control Unit
(434) 548-3817

ANIMAL CUSTODY RECORD

This form includes all information as required by §2.1-796.106.2 of the Code of Virginia.

CASE NO.	32863 32864	CUSTODY DATE	4/19/23	TIME	11:10 AM / PM
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REASON FOR CUSTODY (check appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

Stray	Owner Surrender	Seized	File Case	Transfer from other locality	Other	858 Edmonds ST
1						

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Stray	Small, no mama
Telephone:	

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/WRINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
2x Feline ^{x2}	DSH ^{x2}	gray tab ^{x2}	M ^{x2}	BWK ^{x2}	21 lbs ^{x2}	None

ANIMAL IDENTIFICATION (tag, collar, or tattoo)

LICENSE NUMBER	NAME TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (tag, etc.)
NONE	NONE	NONE	NONE	NONE

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

Ashley Crowder

4/19/23

DISPOSITION OF ANIMAL

DATE

Euth - 1/2 cc. unweaned - LC
 Both

4-19-23

This form may be used by animal control officers, controllers of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §2.1-796.106.2 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 furnished 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) 786-3483, P.O. Box 1763, Richmond, Virginia 23218.

TIME	1:10 AM/PM		CUSTODY DATE	04-19-23		I.D. Case/No.	32865 32866	
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]				Granddaughter Brought them Can't keep any longer.				
Telephone: 336 627-7898								
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
34 Carins	LabX	Blk Blk white	F M	2yo 7wk	50# 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 Ann Janner-Sec						04-19-23		
DISPOSITION OF ANIMAL						DATE		
32866-DOA 4-19-23 Euth						4-24-23		

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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

TIME		CUSTODY DATE		ID. Case/No.		Public	
1:10 AM		04-19-23		32866			
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]				Granddaughter brought them Can't keep any longer.			
Telephone: [Redacted]							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
3x Canine	Labx	Blk	F	2yrs	80lb		
		Blk white	M	7wk	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: Ann James - Sec						04-19-23	
DISPOSITION OF ANIMAL: 32866-DOA - 4-19-23						DATE	

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

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children yes Lived Inside/Outside Lived Inside Housebroken yes - puppy N/A

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 _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	1:10 AM (PM)	CUSTODY DATE	04-19-23		I.D. Case No.	32865 32866			
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] Greenville NC 27120					Granddaughter brought them Can't keep any longer.				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
34 Canine	Labx	Blk blk white	F M	2yrs 7wk	80# 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 Ann Farmer - Sec								04-19-23	
DISPOSITION OF ANIMAL								DATE	
32866 - DOA 4-19-23 - Euth x 2								5-11-23	

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	12:05 AM/PM	CUSTODY DATE	04-19-23	I.D. Case/No.	32868
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]				disable Can't keep her.	
[Redacted]				"Chutee Gurl"	
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Chi x	Blk-Brown	F	2yrs	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 detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Ann Janner-SIC				04-19-23	
DISPOSITION OF ANIMAL				DATE	
Adopted				6-27-23	

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____


Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public ADOP 21

TIME	4:30 AM/PM	CUSTODY DATE	4/19/23	I.D. Case No.	32869 32870
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN 32871
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
1					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone: UNKNOWN				UNKNOWN CO Resident	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
3 Rabbit	Guinea pig	2 tan & white 1 brown & white	M	1 yr	1002
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 					4/19/23
DISPOSITION OF ANIMAL					DATE
Skittish Adopted 5-6-23					4/19/23

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 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	4:30 AM/PM	CUSTODY DATE	4/19/23	I.D. Case/No.	32870 Euth	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN 32871 Euth		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
1						
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
Telephone: UNKNOWN			Guinea Pig - "CO Resident" UNKNOWN			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Rodent	Guinea pig	tan & white & brown & white	M	1 yr	1002	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>[Signature]</i>				4/19/23		
DISPOSITION OF ANIMAL				DATE		
Skittish Euth - 3 2870 / 32871				4/19/23		

2 aies

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

Or

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

Signature _____

TIME		8:30 AM/PM		CUSTODY DATE		4/19/23		I.D. Case/No.		32872 32873	
REASON FOR CUSTODY (mark appropriate box)								LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Drop off					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
OWNER'S NAME & ADDRESS (if known)						ADDITIONAL INFORMATION					
Unknown						Unknown					
Telephone:											
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
males Rodent	Guinea pig	Black orange/white		F	1yr	10oz					
ANIMAL IDENTIFICATION (complete all that 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	
[Signature] Sarah										4/19/23	
DISPOSITION OF ANIMAL										DATE	
[Signature] euth x2										4-26-23	

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 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 _____

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

Date _____

Telephone

Lived inside/outside Housebroken

Gets along well with other pets

Why did they decline to accept?

Has the animal bitten or scratched a person or animal within the past 10 days? _____ Why did they do this? _____

STATEMENTS OF SURRENDER

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

Signature

Or

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

Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
ID. Case/No.		32875		32876		32877	
DATE		04-19-23		LOCATION WHERE CUSTODY WAS TAKEN		Shelter	
STUDY (mark appropriate box)		Seized		Bite Case		Transfer from other locality/facility	
Other							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone				Bik-something working rock			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
5x feline	DSH	3-BIK - 1gray	FF m	1yr 3wks	6# 502	—	
ANIMAL IDENTIFICATION (complete all that 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 ear			
CUSTODY RECORD PREPARED BY				DATE			
SIGNATURE & TITLE Ann Janner-SIC				04-19-23			
DISPOSITION OF ANIMAL				DATE			
Euth				4-21-23			

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 1163, Richmond, VA 23218.

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	4:30 AM/PM	CUSTODY DATE	04-19-23		I.D. Case/No.	32880	
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 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			
[REDACTED]				[REDACTED]			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Feline	DSH	gray tabby	NM	6 mos	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)		
Nim	None	None	None		[REDACTED]		
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>Ann Turner-Sec</i>						04-19-23	
DISPOSITION OF ANIMAL						DATE	
<i>Transferred</i>						5-4-23	

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	4:50 AM/PM		CUSTODY DATE	04-19-23		I.D. Case/No.	32881	
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]				Dog like like. men - Don't Sadie [Redacted]				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Canine	Chihuahua	Tan	F	1 1/2 yrs.	10#	None		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)				
none	none	none	none	None detected				
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE						DATE		
Ann Jenner-Soc						04-19-23		
DISPOSITION OF ANIMAL						DATE		
with 5-5-23								

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: [Redacted] Date: [Redacted]
 Address: [Redacted] Telephone: [Redacted]
 Characteristics: Good with children NO Lived Inside/Outside Lived Inside Housebroken Somewhat
 Disposition NO Health NO Gets along well with other pets NO
 Did you contact another shelter about this animal? Yes Why did they decline to accept? P.C. - wouldn't take
 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.

X Signature _____

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

ANIMAL CUSTODY RECORD

This form includes all information as required by §3.1-796.106.2 of the Code of Virginia.

CASE NO.	3882	CUSTODY DATE	4-19-23	TIME	8:30 AM / PM
----------	------	--------------	---------	------	--------------

REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Etho Case	Transfer from other locality/facility	Other	Prop off
1						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
feline	feline	Grey	F	1 year	8 1/2	none

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

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <i>Atto F.P. Blank MTHSR</i>	4-19-23

DISPOSITION OF ANIMAL	DATE
Euth	4-25-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.106.2 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 guaranteed and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23216.

Danville Police Department
Animal Control Unit
(434) 548-3917

ANIMAL CUSTODY RECORD

This form includes all information as required by §3.1-796.106.3 of the Code of Virginia.

CASE NO.	32883	CUSTODY DATE	4-19-23	TIME	8:30 AM <input checked="" type="checkbox"/> PM
----------	-------	--------------	---------	------	--

REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Relinquished	Seized	Elle Case	Transfer from other jurisdiction	Other	Lynch St
<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
Canine	Heeler	Red	M	10 years	40 lbs	None

ANIMAL IDENTIFICATION (complete all that apply, or indicate "None")				
CITY/COUNTY LICENSE NUMBER	PAWS TAG NUMBER	TATTOO	COLOR (Color, type, etc.)	OTHER IDENTIFICATION (if any)
None	None	None	None	None

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE ACO F.D. Black MAF 372	4-19-23

DISPOSITION OF ANIMAL	DATE
Euth	5-12-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.106.3 of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 785-3483, P.O. Box 1163, Richmond, Virginia 23218.

Danville Police Department
Animal Control Unit
(434) 548-3917

ANIMAL CUSTODY RECORD

This form includes all information as required by §1-796.105.B of the Code of Virginia.

CASE NO.	32884	CUSTODY DATE	4-19-23	TIME	8:30 AM <input checked="" type="checkbox"/> PM
----------	-------	--------------	---------	------	--

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

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

Drop off

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Telephone:

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
Canine	Pit bull	brown/white	F	3 years	40 lbs	None

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

OFFICER'S LICENSE NUMBER	POUNDER TAG NUMBER	TATOO	COLOR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
None	None	None	None	None

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

Aco I. D. Black PD#372

4-19-23

DISPOSITION OF ANIMAL

DATE

Euth

4-26-23

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 §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 transmitted 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) 785-3483, P.O. Box 1163, Richmond, Virginia 23268.

TIME	5130 AM/PM	CUSTODY DATE	4-20-23	I.D. Case/No.	32911
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	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	Dsth	Gray Tabby	F	2yr	6 th
ANIMAL IDENTIFICATION (complete all that 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					4-20-23
DISPOSITION OF ANIMAL					DATE
Euth					4-25-23

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 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	730 AM/PM	CUSTODY DATE	4-20-23	I.D. Case/No.	32885
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Unknown					
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	hound/pitx	tan	M	3yr	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					4-20-23
DISPOSITION OF ANIMAL					DATE
Euth					5-2-23

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 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) 548-3917

ANIMAL CUSTODY RECORD

*This form includes all information as required by
 §1-1-706.905.2 of the Code of Virginia.*

CASE NO.	32886	CUSTODY DATE	4/20/23	TIME	9:45 AM PM
----------	-------	--------------	---------	------	------------

REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Other Case	Humane Society or local facility	Other	
1						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
Feline	DSH	gray tabby w/wh	M	1 yr	10 lbs	NONE
ANIMAL IDENTIFICATION (mark appropriate box, or indicate "None")						
CITIZENSHIP LICENSE NUMBER	HOMES TAG NUMBER	TATTOO	COLOR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
NONE	NONE	NONE	NONE	NONE		

CUSTODY RECORD PREPARED BY	DATE
ACO	
SIGNATURE & TITLE Ashley Crowder	4/20/23

DISPOSITION OF ANIMAL	DATE
Euth	4-25-23

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 §1-1-706.905.2 of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 785-2423, P.O. Box 1163, Richmond, Virginia 23216.

Danville Police Department Animal Control Unit (434) 548-3017	ANIMAL CUSTODY RECORD <small>This form includes all information required by §2.1-796.106.2 of the Code of Virginia.</small>
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CASE NO.	32887	CUSTODY DATE	4/20/23	TIME	9:45 AM / PM
----------	-------	--------------	---------	------	--------------

REASON FOR CUSTODY (check appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Relinquished	Seized	Site Clean	Transfer from other facility	Other	[Redacted] South Boston Rd
1						

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
STRAY	[Redacted]
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/PATTERN	SEX	APPROX AGE	APPROX WEIGHT	OTHER
Feline	DSH	gry tab	F	1yr	7 lbs	None

ANIMAL IDENTIFICATION (Complete all that apply or indicate "None")				
CITY/COUNTY LICENSE NUMBER	POUNDER TAG NUMBER	TATTOO	COLOR (Coll, tag, etc.)	OTHER IDENTIFICATION (chip, etc.)
NONE	NONE	NONE	NONE	NONE

CUSTODY RECORD PREPARED BY		DATE
ACO		
SIGNATURE & TITLE	Ashley Crowder	4/20/23

DISPOSITION OF ANIMAL	DATE
Adopted	4-29-23

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 §2.1-796.106.2 of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 798-9483, P.O. Box 1163, Richmond, Virginia 23268.

10:40 AM/PM		CUSTODY DATE		04-20-23		I.D. Case/No.		3 2888	
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]					Will make a great house pet "He's moving + can't Tommy take him."				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Feline	DSH	GRY TABBY	M	2 yrs.	10#	None			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
None	None	None	None		None detected				
CUSTODY RECORD PREPARED BY							DATE		
SIGNATURE & TITLE							DATE		
DISPOSITION OF ANIMAL							DATE		
Euth							4-26-23		

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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? Ref. Out Why did they decline to accept? They told him to take
Has the animal bitten or scratched a person or animal within the past 10 days? NO Danville

STATEMENTS OF SURRENDER

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

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person 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 I will follow the adoption policies and procedures if I decide I want the animal.

Signature _____

Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
10:30 AM/PM		CUSTODY DATE		04-20-23		I.D. Case/No.		32889 32890	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter				
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
[Redacted]					Killed 6 Chickens NOT GOOD WITH PEOPLE AT TIMES				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Canine	Chi	BK w/ tan	F	2yr	10#	Nbr			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)					
None	None	None	NO	None detected					
CUSTODY RECORD PREPARED BY								DATE	
SIGNATURE [Redacted]								04-26-23	
DISPOSITION OF ANIMAL								DATE	
all euth								4-26-23	

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children NO REALLY Lived Inside/Outside Outside Housebroken Yes
Disposition OK Health OK Gets along well with other pets NO AT TIMES
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? Killed Chicken
Second times

STATEMENTS OF SURRENDER

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

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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	04-20-23	I.D. Case/No.	32894
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				stray to HALIAX Humane	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Beagle	Tan & White	M	10yrs	20#
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	No Chipped	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE: Anna Janner - Sec					04-20-23
DISPOSITION OF ANIMAL					DATE
Euthanized					4-26-23

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 1163, Richmond, VA 23218.

Name: [Redacted] Date: 4/20/2023
 Address: [Redacted] Telephone: [Redacted]
 Characteristics: Good with children _____ Lived Inside/Outside _____ Housebroken _____
 Disposition _____ Health _____ Gets along well with other pets yes
 Did you contact another shelter about this animal? HALIAX 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 [Redacted] 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: _____

012895
 Euth

Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
1:20 AM/PM		CUSTODY DATE		04-20-23		I.D. Case/No.		32893	
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]					Someone dropped off about 3 wks ago - But she decided it just wasn't for her to keep dog				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
2x Canine	Beagle	TRi	F	1y	25#	None			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
NONE	NONE	NONE	NONE		None detected				
CUSTODY RECORD PREPARED BY:					DATE:				
SIGNATURE & TITLE: <i>Ann Turner-Sec</i>					04-20-23				
DISPOSITION OF ANIMAL:					DATE:				
<i>Euthanize</i>					4-26-23				

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	3:20 AM/PM	CUSTODY DATE	04-20-23		LD. Case/No.	32896		
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]				his mother can't keep no longer				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
feline	DSH	Tan	M.	7 yrs	10 th	None		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)				
None	None	None	None	None detected				
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE <u>Ann James-Sec</u>						04-20-23		
DISPOSITION OF ANIMAL						DATE		
<u>Transferred</u>						5-4-23		

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children yes Lived Inside/Outside Inside Housebroken yes
 Disposition _____ Health _____ Gets along well with other pets 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	4:55 AM/PM	CUSTODY DATE	04-20-23	I.D. Case/No.	32897	
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: NONE			"Dutch"			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Sheep Chow X	Reddish BROWN	M	2yr	45#	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	[REDACTED]		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE Ann Janner - Sec				04-20-23		
DISPOSITION OF ANIMAL				DATE		
Euth.				5-12-23		

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 1163, Richmond, VA 23218.

Name [REDACTED] Date 4-20-23
Address [REDACTED] Telephone N/A

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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		10:00 AM/PM 4-21-23		CUSTODY DATE		4-21-23		I.D. Case/No.		32898 32969		32899	
REASON FOR CUSTODY (mark appropriate box)								LOCATION WHERE CUSTODY WAS TAKEN					32900
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS							32901
	X												32902
OWNER'S NAME & ADDRESS (if known)						ADDITIONAL INFORMATION						32903	
[Redacted]						All Sick - upper Respiratory eye infection						32904	
						Adults FeV-positive						32905	
ANIMAL DESCRIPTION												32906	
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER							
Feline	DSH	Calico, orange black/white	F-M	2-3 yrs	2-7#								
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")												32907	
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]										4-21-23			
DISPOSITION OF ANIMAL										DATE			
12X Euth										4-21-23			

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 1463, Richmond, VA 23218.

Name: [Redacted] Date: 4-21-2023

Address: [Redacted] So. Boston 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.

Sign: [Redacted]

Danville Police Department
Animal Control Unit
(334) 548-3017

ANIMAL CUSTODY RECORD

This form includes all information as required by §2.1-796.106.2 of the Code of Virginia.

CASE NO.	32910	CUSTODY DATE	4-21-23	TIME	12:27 AM / PM	
REASON FOR CUSTODY (check appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Other Cause	Threatened or other local authority	Other	
1						
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/PATTERN	SEX	APPROX AGE	APPROX WEIGHT	OTHER
Canine	border collie mix	wht/blk	F	1 year	20 lbs	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "None")						
CITY/COUNTY LICENSE NUMBER	POUND TAG NUMBER	TATTOO	COLOR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE ACO I.P. Black PR#372					4-21-23	
DISPOSITION OF ANIMAL					DATE	
RTO					4-24-23	

This form may be used by animal control officers, members of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §2.1-796.106.2 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 transmitted 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) 785-2423, P.O. Box 11453, Richmond, Virginia 23210.

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	4:05 AM/PM	CUSTODY DATE		4-21-23		ID. Case/No.	32912		
REASON FOR CUSTODY (mark appropriate box)							LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
[Redacted]					Found on Arnelk				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
K-9	P.H./lab m.v	B/K/White		F	1yr	25	<input checked="" type="checkbox"/>		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
none	none	none	Bare Collar		none id.				
CUSTODY RECORD PREPARED BY							DATE		
SIGNATURE & TITLE <u>Man I. Burchett</u>							4-21-23		
DISPOSITION OF ANIMAL							DATE		
Euth.							5-2-23		

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 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 [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	4:10 AM/PM	CUSTODY DATE	4-21-23		I.D. Case/No.	32913 32914
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: [REDACTED]						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
2 Cats	Domestic	White Black white	M	9 mths	1/6	
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>Mary L. Bunch</i>					4-21-23	
DISPOSITION OF ANIMAL					DATE	
Adopted -					5-3-23	

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 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 *A. Ferrell Gerson*

TIME	4:30 AM/PM	CUSTODY DATE	4-21	I.D. Case/No.	32915
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]				Feline leukemia	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DSH	3/K	M	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	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Mary F. Burt</i>					4-21-27
DISPOSITION OF ANIMAL					DATE
Euth					4-25-23

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children _____ Lived Inside/Outside _____ Housebroken _____
 Disposition _____ Health *NO* _____ 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 *X* [Redacted]

Danville Police Department Animal Control Unit (434) 542-3817	ANIMAL CUSTODY RECORD <small>This form includes all information as required by §2.1-796.106.2 of the Code of Virginia.</small>
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CASE NO.	32916	CUSTODY DATE	4-21-23	TIME	5:35 AM / PM
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REASON FOR CUSTODY (check appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Hit by Car	Found from other locality	Other	[REDACTED]
1						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/PATTERN	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DMH	Grey tabby	F	1 day	0.1 lbs	?
ANIMAL IDENTIFICATION (collar, tag, or tattoo) (if known)						
COLLAR	TAG	TATTOO	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 #572</i>	4-21-23

DISPOSITION OF ANIMAL	DATE
<i>Euth</i>	4-21-23

This form may be used by animal control officers, associations of any kind or shelter, representatives of a humane society, or humane societies to record and maintain the information required by §2.1-796.106.2 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 preserved 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) 786-6423, P.O. Box 1163, Richmond, Virginia 23268.

Danville Police Department **Animal Control Unit** **(434) 548-3917**

ANIMAL CUSTODY RECORD

This form includes information as required by §1-796.906.8 of the Code of Virginia.

CASE NO.	32917 32918 32920	CUSTODY DATE	4/21/23	TIME	9:00 AM / PM
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REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Found	Other Case	Transfer from other jurisdiction	Other	DO
4						

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Telephone:

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/PAINTS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
x4 Feline	DSH x4	org + tab x4	M x4	SWK x4	2 lbs x4	NONE

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

CITY/COUNTY LICENSE NUMBER	PAWS TAG NUMBER	DATE	COLOR (Coll, Sp, etc)	OTHER IDENTIFICATION (specify)
NONE	NONE	NONE	NONE	NONE

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

Ashley Crowder

4/21/23

DISPOSITION OF ANIMAL

DATE

Transferred x4

5-4-24

This form may be used by animal control officers, employees of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §1-796.906.8 of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 795-3453, P.O. Box 17623, Richmond, Virginia 23218.

Danville Police Department

Animal Control Unit

(434) 548-3817

ANIMAL CUSTODY RECORD

This form includes all information as required by §1-1-706.105.2 of the Code of Virginia.

CASE NO. 32921 32923
32922 32924 CUSTODY DATE 4/21/23 TIME 9:00 AM PM

REASON FOR CUSTODY (check appropriate box)

Stray	Owner Surrender	Seized	File Case	Transfer from other locality/facility	Other
<u>4</u>					

LOCATION WHERE CUSTODY WAS TAKEN

DD

OWNER'S NAME & ADDRESS (if known)

URI

ADDITIONAL INFORMATION

unweaned - And
Upper Respiratory

Telephone:

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/WEIGHT	SEX	APPROX AGE	APPROX WEIGHT	OTHER
<u>Feline</u> ^{x4}	<u>DSH</u> ^{x4}	<u>gry tab x2</u> <u>blk/wht x2</u>	<u>Mx2</u> <u>Fx2</u>	<u>4wks</u> ^{x4}	<u>11bs</u> ^{x4}	<u>NONE</u>

ANIMAL IDENTIFICATION

CITY/COUNTY LICENSE NUMBER	MISSILE TAG NUMBER	TATTOO	COLOR (Color, type, etc.)	OTHER IDENTIFICATION (if any)
<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

Ashley Crowder

4/21/23

DISPOSITION OF ANIMAL

DATE

Euth

4-22-23

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 §1-1-706.105.2 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 transmitted 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) 793-3483, P.O. Box 1763, Richmond, Virginia 23218.

TIME 2:41 AM/PM		CUSTODY DATE 4/2/23		ID. Case/No. 32725	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray <input checked="" type="checkbox"/>	Owner Surrender <input type="checkbox"/>	Seized <input type="checkbox"/>	Bite Case <input type="checkbox"/>	Transfer from other locality/facility <input type="checkbox"/>	Other <input type="checkbox"/>
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
				found on ● Whitnell School Rd.	
Telephone: _____					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
canine	retriever x?	black	m	2yr	35lbs
ANIMAL IDENTIFICATION (complete all that 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>Rebecca Rust</i>					4/2/23
DISPOSITION OF ANIMAL					DATE
<i>Evelyn</i>					4/2/23

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 1163, Richmond, VA 23218.

Name [REDACTED] Date 04/02/23

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
Animal Control Unit
(434) 548-3917

ANIMAL CUSTODY RECORD

This form includes all information as required by §1-1-706.105.2 of the Code of Virginia.

CASE NO.	32926	CUSTODY DATE	4/21/23	TIME	9:00 AM (PM)
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REASON FOR CUSTODY (check appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	File Case	Transfer from other jurisdiction	Other	
1						DO

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
Infant	W. Ashley
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/PAINT	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	blk/whit	m	1 day	102	NONE
ANIMAL IDENTIFICATION (Complete all that apply or indicate "None")						
CITY/COUNTY LICENSE NUMBER	MISS TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
NONE	NONE	NONE	NONE	NONE		

CUSTODY RECORD PREPARED BY	DATE
Ashley 391	4/21/23
SIGNATURE & TITLE	

DISPOSITION OF ANIMAL	DATE
DDA	4-22-23

This form may be used by animal control officers, employees of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §1-1-706.105.2 of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 793-2483, P.O. Box 1163, Richmond, Virginia 23268.

TIME	7:30 <u>AM/PM</u>	CUSTODY DATE	4-22-23		I.D. Case/No.	32925		
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				
				Found under yard Sale Truck Trailer				
Telephone:								
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
feline	DMH	gray Tabby		M	Syrus	25 th	matted	
ANIMAL IDENTIFICATION (complete all that 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 J. G. G. G.						4-22-23		
DISPOSITION OF ANIMAL						DATE		
with						5-1-23		

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

Danville Police Department

Animal Control Unit

(434) 548-3817

ANIMAL CUSTODY RECORD

This form includes all information as required by
§§ 1-705.105.2 of the Code of Virginia.

CASE NO.	32927	CUSTODY DATE	4/23/23	TIME	5:45 AM <input checked="" type="radio"/> PM
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REASON FOR CUSTODY (check appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Site Clean	Transfer from other jurisdiction	Other	DO
1						

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	Sick & Skinny AT AMC

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/PATTERN	SEX	APPROX AGE	APPROX WEIGHT	OTHER
K9	Poodle Mix	black	F	7 yrs	12 lbs	NONE

ANIMAL IDENTIFICATION (Complete all that apply, or indicate "None")				
CITY/COUNTY LICENSE NUMBER	NECK TAG NUMBER	TYPE	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (if any)
NONE	NONE	NONE	NONE	NONE

CUSTODY RECORD PREPARED BY	DATE
Ashley 391	4/23/23

DISPOSITION OF ANIMAL	DATE
Euth	5-11-23

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 §§ 1-705.105.2 of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 793-5423, P.O. Box 17423, Richmond, Virginia 23213.

Sanville Police Department
Animal Control Unit
(434) 548-3817

ANIMAL CUSTODY RECORD
 This form includes all information as required by
 §2.1-796.106.2 of the Code of Virginia.

CASE NO.	32928	CUSTODY DATE	4/23/23	TIME	5:45 AM / PM
----------	-------	--------------	---------	------	--------------

REASON FOR CUSTODY (check appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Relinquished	Seized	File Case	Transfer from other jurisdiction	Other	D.O.
1						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/WEIGHTS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
Feline	DSH	blk	M	2yrs	10lbs	None

ANIMAL IDENTIFICATION (complete all that apply, or indicate "None")				
CITY/COUNTY LICENSE NUMBER	POUNDER TAG NUMBER	TATTOO	CHIP (mark with X)	OTHER IDENTIFICATION (specify)
None	None	None	None	None

CUSTODY RECORD PREPARED BY	DATE
Ashley 391	4/23/23
SIGNATURE & TITLE	

DISPOSITION OF ANIMAL	DATE
leuth	5-1-23

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 §2.1-796.106.2 of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 795-3483, P.O. Box 11453, Richmond, Virginia 22211.

Danville Police Department **Animal Control Unit** **(434) 548-3817**

ANIMAL CUSTODY RECORD

This form includes all information as required by
 §1-1-700, 105.8 of the Code of Virginia.

CASE NO.	32930	CUSTODY DATE	4/23/23	TIME	5:45 AM / PM
----------	-------	--------------	---------	------	--------------

REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Elus. Case	Transfer from other locality	Other	DO
1						

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	NOT cat friendly
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pitbull	gray, white	M	3yr	55lbs	None
ANIMAL IDENTIFICATION (mark all that apply, or indicate "None")						
CITY/COUNTY LICENSE NUMBER	FAIRBANKS TAG NUMBER	TATTOO	COLOR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	NONE	NONE	NONE		

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE Ashley Crowder	4/23/23

DISPOSITION OF ANIMAL	DATE
RTO	4-23-23

This form may be used by animal control officers, members of any board or similar, representatives of a humane society, or humane investigators to record and maintain the information required by §1-1-700, 105.8 of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 788-2483, P.O. Box 1183, Richmond, Virginia 23268.

ANIMAL DESCRIPTION

COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
gray-tabby	F	10 ¹ / ₂ yrs	8 ¹ / ₂ lbs	None

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

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

STUDY RECORD PREPARED BY

SIGNATURE & TITLE *Ann Farmer Sec*
DISPOSITION OF ANIMAL

DATE 04-24-23

4-24-23

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) 798-2463, P.O. Box 1163, Richmond, VA 23218.

Name *[Redacted]* Date *04-24-23*

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

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

Disposition *Healthy* 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 authorized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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
Animal Control Unit
(434) 548-3817

ANIMAL CUSTODY RECORD
 This form is subject to the Virginia Code of Regulations
 9.1-796.100.5 of the Code of Virginia.

CASE NO.	32929	CUSTODY DATE	4-24-23	TIME	9:00 AM / PM
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REASON FOR CUSTODY (check appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	File Case	NEEDS FOR other health/care	Other	[Redacted]
1						

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	* broken back and legs
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/PAINT	SEX	APPROX AGE	APPROX WEIGHT	OTHER
Feline	DMH	Grey	F	2 years	8 lbs	?

ANIMAL IDENTIFICATION (check appropriate box)					OWNER IDENTIFICATION (check box)
CITY TAG	STATE TAG	TOE TAG	COLLAR TAG	OTHER TAG	
None	None	None	None		None

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE: Ace I. D. B. Williams, M# 372	4-24-23

DISPOSITION OF ANIMAL	DATE
Euth	4-24-23

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 § 9.1-796.100.5 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 maintained 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, (800) 765-6423, P.O. Box 11602, Richmond, Virginia 23210.

32931

Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
CUSTODY DATE		04-24-23		LD. Case/No.		32932 32933	
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]				[Redacted]			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Feline	DSH	1-Calico 1-Bk/wh 4-Calico - F 243	F	1 yr	4 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 detected			
CUSTODY RECORD PREPARED BY				DATE			
SIGNATURE & TITLE				DATE			
[Redacted]				04-24-23			
[Redacted]				4-25-23			

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

Name _____ Date 04-24-23

Address 1- Orange & White - DSH - 1 yr F? Telephone _____

Characteristics: Good 1- Calico - DSH - 1 yr - F Housebroken yes someone

Disposition 4- Calico - DSH - 4 wk - F ing well with other pets

Did you contact another Bk & white - M - 2 yrs - DSH they decline to accept? Hal: Kay closed

Has the animal bitten SLRatched 1 days? yes 1- Orange & White F

I do not own the above * ORG. White F ER

Signature _____ Danville Area Humane Society.

m-DSH 1 yr light

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

Signature _____

32931

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

TIME	10:35 AM/PM	CUSTODY DATE	04-24-23	I.D. Case/No.	32932 32933 32934 32935 32936 32937
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				Shelter
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[Redacted]			[Redacted]		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	1-Black 1-White 4-Black-F 2-Black-F	F	1 yr	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 detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Ann Turner - Soc				04-24-23	
DISPOSITION OF ANIMAL				DATE	
[Redacted]				5-3-23	

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 1163, Richmond, VA 23218.

Name _____ Date 04-24-23

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

Did you contact another shelter about this animal? yes Why did they decline to accept? Hal: Bay closed

Has the animal bitten or scratched a person or animal within the past 10 days? yes 1-Original F

STATEMENTS OF SURRENDER

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

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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	12:35 AM/PM	CUSTODY DATE	04-24-23	I.D. Case/No.	32940
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]				Euth	
[Redacted]				Cancer	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Carin	LABX	Blk	M	14/15	30#
OTHER					
Nine					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
Nine	None	None	None	None detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE [Signature]				04-24-23	
DISPOSITION OF ANIMAL				DATE	
Euth				4-24-23	

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	3:20 AM/PM		CUSTODY DATE	04-24-23		I.D. Case/No.	32945 32946	
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]				CO Resident - New Baby - they have 5 total dogs Can't keep. Princess - G.I.I. - Tan				
Telephone [Redacted]								
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Canine	Pit Terrier X	White & Tan - Brown	F	2 yrs 1 yr	35# 20#	None		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)			
None	None	None	None		NO Chipped			
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE <i>Ann Turner - SIC</i>						04-24-23		
DISPOSITION OF ANIMAL						DATE		
Euthanized						4-26-23		

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children yes Lived Inside/Outside Pit is Not Housebroken yes
 Disposition OK Health OK 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 _____

Arville Police Department
Animal Control Unit
(334) 542-3817

VMARS 001408 (Revised 7/90)

ANIMAL CUSTODY RECORD

This form is to be used to record information as required by § 21.1-796.002 of the Code of Virginia.

CASE NO. **32947** CUSTODY DATE **4-24-23** TIME **3:30 PM**

REASON FOR CUSTODY (check appropriate box)

Stray	Owner Surrender	Strained	File Class	Transfer for other jurisdiction	Other
		1			

LOCATION WHERE CUSTODY WAS TAKEN

Highway 601

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Hold for seizure hearing

Telephone:

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/PATTERN	SEX	APPROX AGE	APPROX WEIGHT	OTHER
Canine	Sheltie mix	wht	F	2 years	40 lbs	None

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

CITY/COUNTY LICENSE NUMBER	POUND TAG NUMBER	TATTOO	COLOR (Color, size, etc.)	OTHER IDENTIFICATION (if any)
None	None	None	carro	None

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

ACO FID. Black #372

4-24-23

DISPOSITION OF ANIMAL

DATE

Adopted

6-14-23

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 § 21.1-796.002 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 maintained 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) 793-2422, P.O. Box 1762, Richmond, Virginia 23216.

Danville Police Department Animal Control Unit (434) 548-3817	ANIMAL CUSTODY RECORD <small>This form includes all information as required by §2.1-796.10B of the Code of Virginia.</small>
--	--

CASE NO. 32948	CUSTODY DATE 4/24/23	TIME 4:30 AM <input checked="" type="radio"/> PM
-----------------------	-----------------------------	---

REASON FOR CUSTODY (check appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Site Clean	Transfer from other jurisdiction	Other	113 Lynch St
		1				

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	Animal Cruelty Case

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/PATTERN	SEX	APPROX AGE	APPROX WEIGHT	OTHER
K-9	Pitbull	gray/wh	F	4yrs	17lbs	NONE

ANIMAL IDENTIFICATION (license, tag, collar, or tattoo)				
CITY/COUNTY LICENSE NUMBER	HOUSE TAG NUMBER	TATTOO	COLOR (Collar, tag, etc.)	OTHER IDENTIFICATION (spay, etc.)
NONE	NONE	NONE	Black	NONE

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE Ashley Crowder 391	4/24/23

DISPOSITION OF ANIMAL	DATE
Euth	5-31-23

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 §2.1-796.10B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (800) 765-6423, P.O. Box 1763, Richmond, Virginia 23218.

TIME	9:15 <u>AM</u> /PM	CUSTODY DATE	04-25-23		I.D. Case/No.	32949	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter	
<u>X</u>							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone: <u>unknown</u>				found outside this AM			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
feline	DSH	Blk-White	M	3wks	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 detected		
CUSTODY RECORD PREPARED BY						DATE	
Ann Turner - see						04-25-23	
DISPOSITION OF ANIMAL						DATE	
Euth <u>unweaned</u>						4-25-23	

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 1163, Richmond, VA 23218.

Name [REDACTED] Date _____

Add [REDACTED] Telephone _____

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

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

Or

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

Signature _____

TIME	10:15 AM/PM	CUSTODY DATE	04-25-23	I.D. Case/No.	32950 32951
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]				Feral Trapping	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
5x feline	DSH	3-CATICO 1-Blk white	4F 1m	1yr	3#
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Ann Janner-Soc				04-25-23	
DISPOSITION OF ANIMAL				DATE	
Euth				4-25-23	

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

STATEMENTS OF SURRENDER

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

Signature _____ Or _____

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

Signature _____

TIME	4:25 AM/PM	CUSTODY DATE	04-25-23	I.D. Case/No.	32955
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]				Her Sen want take care of him Dog "very" "Skinny" Boss	
Telephone: [Redacted]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pit	gr 4/wh	M	6 mos.	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 detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Ann Juma - Sec				04-25-23	
DISPOSITION OF ANIMAL				DATE	
Euth				5-2-23	

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 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 _____

Or

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

Signature _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	4:45 AM/PM	CUSTODY DATE	04-25-23			I.D. Case/No.	32954		
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]					Doesn't Along with her Cats				
[REDACTED]					Butch				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Feline	DMH	gray tabby	M	2yr	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		[REDACTED]				
CUSTODY RECORD PREPARED BY									
SIGNATURE & TITLE								DATE	
[Signature]								04-25-23	
DISPOSITION OF ANIMAL								DATE	
With								5-1-23	

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children OK Lived Inside/Outside Lived Inside Housebroken Somewhat
 Disposition OK Health OK Gets along well with other pets Not Feline Cats
 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 3.2-6548, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

Signature _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
8:27 AM/PM		DATE		4/29/23		Case No.		32971	
REASON FOR CUSTODY						LOCATION WHERE BODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other				
	1								
NAME & ADDRESS (if known)						ADDITIONAL INFORMATION			
						a Mijer			
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
kg	rot ter	gry		F	7yr	12lbs	NONE		
ANIMAL IDENTIFICATION (Indicate "none" for indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
NONE	NONE	NONE	NONE		NONE				
RECORD PREPARED BY (Name, Title, Date)									
SIGNATURE & TITLE						DATE			
Ashley Crowder 391						4/29/23			
DISPOSITION OF ANIMAL						DATE			
with						5-19-23			

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

Name: _____ Date: 4/29/23
 Address: _____ Telephone: _____
 Characteristics: Good with children yes Lived Inside/Outside Outside Housebroken yes
 Disposition surrender Health good Gets along well with other pets N/A
 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 _____

DANVI

ANY

Spd

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
8:27 AM/PM		4/25/23		1b		32972			
OWNER'S NAME & ADDRESS (if known)		LOCATION WHERE TAKEN							
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other				
	1								
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
Telephone					"Snap"				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
kg	Pit Mix	brindle	M	1yr	30lbs	NONE			
ANIMAL IDENTIFICATION (if known, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)					
NONE	NONE	NONE	black	NONE					
RECORD PREPARED BY									
SIGNATURE & TITLE								DATE	
Ashley 391								4/25/23	
DISPOSITION OF ANIMAL								DATE	
euth								5-19-23	

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 1163, Richmond, VA 23218.

Name _____ Date 4/25/23

Address _____ Telephone _____

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

Disposition Surrender Health good Gets along well with other pets N/A

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME: 8:27 AM/PM		DATE: 4/25/23		I.D. Case/No. 32973					
TREATMENT CUSTODY						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other				
	1								
ADDITIONAL INFORMATION									
Telephone: [REDACTED]						"angie"			
DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
K9	Pitbull	gry	F	7 yrs	35 lbs	NONE			
ANIMAL IDENTIFICATION (check 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					
SIGNATURE & TITLE: Ashley 391									
DATE: 4/25/23									
SIGNATURE: [REDACTED]									
DATE: 4-28-23									

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 1163, Richmond, VA 23218.

Name: [REDACTED] Date: 4/25/23

Address: [REDACTED] Telephone: [REDACTED]

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

Disposition Surrender Health Good Gets along well with other pets N/A

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 _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	8:27 AM/PM	CUSTODY DATE	4/25/23	Case No.	32974	EDUCATION WHERE CUSTODY WAS TAKEN			
Reason for Custody (mark appropriate box)						EDUCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	[Redacted]			
	1								
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
[Redacted]					"Queen"				
Telephone: [Redacted]									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
K9	Pitbull	DK/WHT	F	7yrs	55lbs	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.A.N.E	NONE	NONE	green/red	NONE					
CUSTODY RECORD PREPARED BY					DATE				
SIGNATURE & TITLE Ashley 391					4/25/23				
[Redacted]					5523				

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions 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 4/25/23

Address [Redacted] Telephone [Redacted]

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

Disposition survived Health good Gets along well with other pets N/A

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 [Redacted]

TIME	8:37 AM/PM	DATE	4/25/23	Id. Case No.	32973
REASON FOR CUSTODY				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	1				
OWNER'S NAME (if known)				ADDITIONAL INFORMATION	
[Redacted]				"head"	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
K9	hounamix	Brindly	M	10yrs	65lb
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 (check all that apply)					
SIGNATURE & TITLE				DATE	
Ashley 391				4/25/23	
DISPOSITION OF ANIMAL				DATE	
Euth.				4-28-23	

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 1163, Richmond, VA 23218.

Name [Redacted] Date 4/25/23

Address [Redacted] Telephone [Redacted]

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

Disposition Surrender 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 above-described animal back.

Signature [Redacted]

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	12:30 AM/PM	CUSTODY DATE		04-26-23		I.D. Case/No.	32957		
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: UNKNOWN					Rooming on Road 58 East by Co. Boys market				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Cat	Hound X	BRN white		M	1yr	25#	None		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
NONE	None	None	None		NONE detected				
CUSTODY RECORD PREPARED BY									
SIGNATURE & TITLE Ann Jamer - Sec								DATE	
DISPOSITION OF ANIMAL								DATE	
duh								5-11-23	

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 1163, Richmond, VA 23218.

Name: [REDACTED] Date: [REDACTED]
Address: [REDACTED] Scottsburg VA [REDACTED] Telephone: [REDACTED]
Characteristics: Good with children Not Sure Lived Inside/Outside Housebroken Not Sure
Disposition Health Gats along well with other pets Not Sure
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 _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	11:25 AM/PM	CUSTODY DATE		04-26-23		I.D. Case/No.	32958		
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]					She's been feeding for years. She's said she was sick took to vet but she didn't have money to see what's was wrong.				
Telephone: [Redacted]					ANIMAL DESCRIPTION She's Feeds A lot of CATS				
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Feline	DSH	Grey	M	14	9#	None			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
None	None	None	None		None detected				
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE Anne Janner - Sec						04-26-23			
DISPOSITION OF ANIMAL						DATE			
[Redacted]						4-28-23			

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 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: [Redacted]

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	10:26	AM/PM	CUSTODY DATE	04-26-23	I.D. Case No.	32459	32460		
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: UNKNOWN					Rooming AROUND for several neighbors				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
3x Feline	DSH	BLK	m	8+wk	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 detected					
CUSTODY RECORD PREPARED BY							DATE		
SIGNATURE & TITLE <i>Ann James</i>							04-26-23		
DISPOSITION OF ANIMAL							DATE		
Transferred x3							5-4-23		

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 1163, Richmond, VA 23218.

Name: [REDACTED] Date: 04-26-23
 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: [Signature]

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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	10:30 AM/PM	CUSTODY DATE	04-26-23	I.D. Case/No.	32963
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 has lots of cats on his lawn when he been feeding for years. Wild	
Telephone: 434-575-7527					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2x Feline	DSH	1 Org white 1 Org white	M	2 YRS	17#
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 detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE: [Signature]				04-26-23	
DISPOSITION OF ANIMAL				DATE	
with x 2				4-26-23	

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

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children OK 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? They are closed
 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	6:55 (AM/PM)	CUSTODY DATE	4-26-23		I.D. Case/No.	32964	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> 32964 32964 32964 32964 32964 </div> <i>Transh</i>	
<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			
<i>PROP abb</i> Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
<i>mima 3 kittens</i> Feline	DSH	Grey	SP Im	1 yr 7 wks old	#3 / #5		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
_____	_____	_____	_____	_____			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>A. Galt</i>						4-26-23	
DISPOSITION OF ANIMAL						DATE	
<i>luth 32964</i>						5-3-23	

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 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) 548-3917

ANIMAL CUSTODY RECORD

*This form includes all information as required by
 §1-1-706.106.5 of the Code of Virginia.*

CASE NO.	32970	CUSTODY DATE	4-26-23	TIME	8:42 AM / PM
-----------------	-------	---------------------	---------	-------------	--------------

REASON FOR CUSTODY (check appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Hit by Car	Threatened or Injurious	Other	Youth Center 12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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



ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/PATTERN	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DMH	Grey	F	2 years	8 lbs	None

ANIMAL IDENTIFICATION (Complete all that apply, or indicate "None")				
CITY/COUNTY LICENSE NUMBER	WINGS TAG NUMBER	TATTOO	COLOR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
None	None	None	None	None

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <i>A/C I.D. Blush PPH 372</i>	4-26-23

DISPOSITION OF ANIMAL	DATE
<i>With</i>	5-3-23

This form may be used by animal control officers, employees of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §1-1-706.106.5 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 furnished 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) 785-6483, P.O. Box 1763, Richmond, Virginia 23216.

Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	4:40 AM	CUSTODY DATE	4-26-23			I.D. Case/No.	32976		
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: 					hit by car				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX AGE	APPROX WEIGHT	OTHER		
Feline	DSH	White Tabby		M	2yr	8#	bleeding from head		
ANIMAL IDENTIFICATION (complete all that 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  Sec						04-26-23			
DISPOSITION OF ANIMAL						DATE			
with						4/26/23			

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

X Signature  _____

Or

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

Signature _____

<input checked="" type="checkbox"/> REASON FOR CUSTODY (mark appropriate box)		CUSTODY DATE 4-26-23		ID. Case/No. 32977 32978	
<input type="checkbox"/> Stray	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case	<input type="checkbox"/> Transfer from other locality/facility	<input type="checkbox"/> Other
LOCATION WHERE CUSTODY WAS TAKEN 1hr					32979 32980 32981 32982 32983 32984 32985 32986
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone: 404-201-1111			ewr		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2C 8K	DSH	See Not	5F 23m	24D 3WK 1-WKS	2-6# 1/2# 1#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE Anna Turner					4-26-23
DISPOSITION OF ANIMAL					DATE
with 2 32983 32998					5-8-23

any animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane society shall be retained for at least five days and submitted to the office of the State.

such animal. immediately through 5. When

humanized or disposed of. possible, the Danville Area Humane Society will keep owner-released animals for 5 days before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

Signature _____

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

ANIMAL CUSTODY RECORD

This form includes all mandated information as required by
 53.1-796.105.B of the Code of Virginia.

CASE NO.	32987	CUSTODY DATE	4/20/23	TIME	9:00 AM <input checked="" type="radio"/> PM
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	1				
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION
[REDACTED]					* Dog will run and not come back / plus jump fences * very friendly people & pets * House broken in good health
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
K9	hound mix	VENUS NAME FEB 1 WHT	F	7 yrs	42 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	unknown but is up to date	NONE	NONE	NONE	

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE Ashley391	4/20/23

DISPOSITION OF ANIMAL	DATE
Euth.	5-12-23

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 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.

[Signature] - sign custody over to DAHS.

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

TIME	500 AM/PM	CUSTODY DATE	4-26-23	I.D. Case/No.	32984 32985	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	X				Theft	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[Redacted]				[Redacted]		
Telephone: Ring sold VA [Redacted]						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
2C 8K	DSH	See not	5-F 23m	2 yds 3wk 1-wks	2-6# 1/2# 1#	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None detected		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>Anne Turner</i>					4-26-23	
DISPOSITION OF ANIMAL					DATE	
with 32985+32984					4-28-23	

32984
32985
32986
32987
32988
32989
32990

TIME	500 AM	CUSTODY DATE	4-26-23	I.D. Case/No.	32977 32978
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[Redacted]			[Redacted]		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2C 8K	DSH	See Not	5-F 23m	2yrs 3wk 1-wks	2-6# 1/2# 1#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Anna Turner</i>				4-26-23	
DISPOSITION OF ANIMAL				DATE	
32979, 32980, 32978, 32977 <i> euth </i>				5-19-23	

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 1163, Richmond, VA 23218.

Name *[Redacted]* Date 4-26-23

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature *[Redacted]*

Signature

Danville Police Department
Animal Control Unit
(434) 548-3817

ANIMAL CUSTODY RECORD

*This form includes all information as required by
 §1-796.106.2 of the Code of Virginia.*

CASE NO.	32988	CUSTODY DATE	4/26/23	TIME	6:26 AM / PM
----------	-------	--------------	---------	------	--------------

REASON FOR CUSTODY (check appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Found	Other Case	Threatened other locality	Other	DO
1						

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
UNKNOWN	* abandoned @ Dorfer Store
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/PAINTINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
Feline	DSH	gray/whit	F	1 yr	7 lbs	NONE
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	HOUSE TAG NUMBER	TATTOO	COLOR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
NONE	NONE	NONE	NONE	NONE		

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE Ashley 391	4/26/23

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 §1-796.106.2 of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 785-2483, P.O. Box 1163, Richmond, Virginia 23216.

1020 AM/PM CUSTODY DATE 04-27-23 I.D. Case/No. 32992 32993

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN 32994 32995

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

Shelter

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

[Redacted]

Mama-Sickly
3Kitts

South Eastern
Telephone:

#34 575 7527

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DSH	Calico 2-BLK/white	F	1 yr 4 wks	7#	None

1ma
3kitts

ANIMAL IDENTIFICATION (complete all that 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

Ann James - Sec

04-27-23

DISPOSITION OF ANIMAL

DATE

Euth X 4

04-27-23

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

Name _____ Date _____

Address _____ Telephone _____

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

TIME	3:50 AM/PM	CUSTODY DATE	04-27-23	I.D. Case/No.	32996
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: Unknown			TRAPPING		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	gray/white	F	7 wks	1.4
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE Anna Turner Sec					04-27-23
DISPOSITION OF ANIMAL					DATE
Luth					5-20-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian 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: 4/27/23
Address: [REDACTED] Telephone: [REDACTED]

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

STATEMENTS OF SURRENDER

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

Signature: [REDACTED] Or

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

Signature: _____

Danville Police Department
Animal Control Unit
(434) 542-3017

ANIMAL CUSTODY RECORD

This form includes all information as required by
 §1-702.105.2 of the Code of Virginia.

CASE NO.	32989	CUSTODY DATE	4-27-25	TIME	8:30	PM / AM
REASON FOR CUSTODY (check appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	File Case	Transfer from other locality	Other	Stokes St
1						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
				caught in trap		
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/WEIGHT	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DMIT	Blk	F	1 year	7 lbs	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "None")						
CITY/COUNTY LICENSE NUMBER	POUND TAG NUMBER	TRIP	COLOR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE ACO I.P. Black PPH 372					4-27-25	
DISPOSITION OF ANIMAL					DATE	
[Signature]					5-3-21	

This form may be used by animal control officers, employees of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §1-702.105.2 of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 785-2403, P.O. Box 1163, Richmond, Virginia 23216.

2741
7241

TIME	6:50 (AM/PM)	CUSTODY DATE	4/27/23	I.D. Case/No.	32990
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
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Unknown			May be in heat is swollen on vulva. Very sweet. has fleas really bad		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Shitzu	White & gold	F	3 yrs	5 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	none	none detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE Savannah Jones					4/27/23
DISPOSITION OF ANIMAL					DATE
Adopted					5-6-23

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 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 [Signature] 4/27/23

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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	1:05 AM/PM	CUSTODY DATE	04-27-23	I.D. Case/No.	32991
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]				Is not the most friendly dog	
Nathaniel VA. Telephone: [REDACTED]				Sophie	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	G.S.	Blk-Tan	F	1yr.	45#
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Ann Turner-Sec				04-27-23	
DISPOSITION OF ANIMAL				DATE	
Euth				5-2-23	

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children OK Lived Inside/Outside Housebroken Somewhat
 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? Closed
 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	11:10 AM/PM	CUSTODY DATE	04-28-23	I.D. Case/No.	32997 32998
------	-------------	--------------	----------	---------------	----------------

REASON FOR CUSTODY (mark appropriate box)

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

LOCATION WHERE CUSTODY WAS TAKEN

Shelter

32999
33000
33001
33002
33003

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Her mother said she can't keep these NO longer. DYANA is going away to college in summer.

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	1- Patch white 2- Nikko 1 in 3- grey tabby	4 F 3 m	1 y 5 m 2 wks	6 lb 102	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

SIGNATURE & TITLE Anna J. Krumm - Sec

DATE

04-28-23

DISPOSITION OF ANIMAL

DATE

5-1-23

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children yes Lived Inside/Outside Lived Inside Housebroken yes
 Disposition Not Sure Health Not Sure 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.

Danville Police Department
Animal Control Unit
(434) 548-3917

ANIMAL CUSTODY RECORD

This form contains all information as required by
 §1-1-706.106.2 of the Code of Virginia.

CASE NO.	33004	CUSTODY DATE	4-28-23	TIME	2:15	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
----------	-------	--------------	---------	------	------	--

REASON FOR CUSTODY (check appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Stray	Site Case	Transfer from other jurisdiction	Other	Upper St
<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
	old wounds on ft legs
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/PAINT	SEX	APPROX AGE	APPROX WEIGHT	OTHER
canine	Pit mix	Grey	F	3 years	40 lbs	None

ANIMAL IDENTIFICATION (complete if not apply, or indicate "None")				
CITY/COUNTY LICENSE NUMBER	NECK TAG NUMBER	TAPO	COLOR (Color, type, etc.)	OTHER IDENTIFICATION (if any)
None	None	None	None	None

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <i>Asst. Dir. Black #372</i>	4-28-23

DISPOSITION OF ANIMAL	DATE
Euth	5-12-23

This form may be used by animal control officers, employees of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §1-1-706.106.2 of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 785-6463, P.O. Box 1163, Richmond, Virginia 23262.

ME	330 AM/PM	CUSTODY DATE	4-28-23	I.D. Case/No.	33006 33008 33007 33009 33010	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
X						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone:				Found under House		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
5x Feline	DSH	BLK.	3F 2M	4wks	1#	stray
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
none	none	none	none	none det		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE <i>Mary E. Burdette</i>				4-28-23		
DISPOSITION OF ANIMAL				DATE		
euth x 5				5-203		

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions 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 4-28-23

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) 546-3017**

ANIMAL CUSTODY RECORD This form includes all information as required by §2-1-706.906.8 of the Code of Virginia.

CASE NO. 33011 33013
 33012 33014 CUSTODY DATE 4/28/23 TIME 4:15 PM / PM

REASON FOR CUSTODY (check appropriate box)

LOCATION WHERE
 CUSTODY WAS TAKEN

Stray	Owner Surrender	Found	Site Case	Transfer from local authority	Other
4					

Springfield Rd

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Stray

URI ~ Feral

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/PAINT	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline ^{x4}	DSH ^{x4}	2 gray tab 2 light gray tab	2XF 2XM	5 wks ^{x4}	2 lb ^{x4}	NONE

ANIMAL IDENTIFICATION (tag, collar, or tattoo)

CITY/COUNTY LICENSE NUMBER	TAG NUMBER	TATTOO	COLOR (Color, type, etc.)	OTHER IDENTIFICATION (tag, etc.)
NONE	NONE	NONE	NONE	NONE

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

Ashley 391

4/28/23

DISPOSITION OF ANIMAL

DATE

Euthx Upon - ...

4-28-23

This form may be used by animal control officers, employees of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §2-1-706.906.8 of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 785-2421, P.O. Box 1163, Richmond, Virginia 23268.

Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	5:25 AM/PM		CUSTODY DATE		4-28-23		ID. Case/No.	33016 33017 <i>ewh</i>	
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"/>									
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
Telephone:					CIT				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Feline	DSH	Tortise Yellow		1 F M	1 4wk	6 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 <i>Maura E. Burchette</i>							4-28		
DISPOSITION OF ANIMAL							DATE		
<i>ewh</i> 33017							5-5-23		

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 1163, Richmond, VA 23218.

Name [REDACTED] Date 4/28/23
 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	5:25 AM/PM	CUSTODY DATE	4-28-23			I.D. Case No.	33016 33017 euth		
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DASH			
<input checked="" type="checkbox"/>									
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
Telephone:					CIT				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Feline	DSH	Tortise Yellow		1 F M	1 wk	6 lb			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
none	none	none	none		none det.				
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE <i>Maura E. Burchette</i>						4-28			
DISPOSITION OF ANIMAL						DATE			
<i>euth</i>						5-20-23			

This form may be used by animal control officers, custodians of any pound or shelter, representative of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and 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) 733-2483, P.O. Box 1163, Richmond, VA 23218.

Name: _____ Date: *4/28/23*
 Address: _____ Telephone: _____

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

STATEMENTS OF SURRENDER

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

Signature: _____
 Or

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

Signature: _____

Danville Police Department
Animal Control Unit
(434) 548-3817

ANIMAL CUSTODY RECORD

*This form includes all information as required by
 §2-1-792.106.B of the Code of Virginia.*

CASE NO.	33019	CUSTODY DATE	4/20/23	TIME	7:00 AM (PM)
----------	-------	--------------	---------	------	--------------

REASON FOR CUSTODY (check appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	File Case	Transfer from other jurisdiction	Other	[Redacted] Boswell St
1						

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
Unknown	* Friendly * Intake
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
K9	Pitbull	White/tan	M	2yrs	60lbs	NONE
ANIMAL IDENTIFICATION (Complete all that apply, or indicate "None")						
CITY/COUNTY LICENSE NUMBER	NECK TAG NUMBER	TATTOO	COLOR (Coll, tag, etc.)	OTHER IDENTIFICATION (chip, etc.)		
NONE	NONE	NONE	White w/ yellow tag	[Redacted]		

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE Ashley J91	4/20/23

DISPOSITION OF ANIMAL	DATE
RTD	4-29-23

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 §2-1-792.106.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 submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-6423, P.O. Box 1163, Richmond, Virginia 23268.

Danville Police Department
Animal Control Unit
(434) 548-3917

ANIMAL CUSTODY RECORD

This form includes information required by § 1-706.106.2 of the Code of Virginia.

CASE NO.	33015	CUSTODY DATE	4/29/23	TIME	4:15 AM (PM)	
REASON FOR CUSTODY (check appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Found	Other Class	Rescue from other locality	Other	
1						
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION	
Unknown					crumming @ large	
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/PATTERN	SEX	APPROX AGE	APPROX WEIGHT	OTHER
K-9	Danish Blue PIT MIX	Tricolor	F	5m	17lbs	NONE
ANIMAL IDENTIFICATION (complete all that apply, or indicate "None")						
CITY/COUNTY LICENSE NUMBER	ISSUES TAG NUMBER	Tag No.	Microchip (Color, type, etc.)	OTHER IDENTIFICATION (quadrant)		
NONE	NONE	NONE	NONE	NONE		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE Ashley 391					4/29/23	
DISPOSITION OF ANIMAL					DATE	
Adopted					6 Feb-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 § 1-706.106.2 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 preserved 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) 785-3023, P.O. Box 1983, Richmond, Virginia 23218.

TIME	7:15 AM	CUSTODY DATE	4-29-23	ID. Case/No.	33018
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				D.O.	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Gr 9	white	F	5yrs	60#
OTHER: friendly					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	leash	none det	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE: <i>L. Coltrane SM</i>					4-29-23
DISPOSITION OF ANIMAL					DATE
RTO					5-12-23

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 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	4-29-23		I.D. Case/No.	33020	
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				X		
OWNER'S NAME & ADDRESS (If known)				ADDITIONAL INFORMATION			
[REDACTED]				To Be Euth.			
Telephone: _____							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Rabbit	Rabbit	White/Black	F	5yrs	12#	Sick	
ANIMAL IDENTIFICATION (complete all that 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	
DISPOSITION OF ANIMAL						DATE	
Euth. [Signature]						4-29-23	

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 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 back.

X Signature [REDACTED]

TIME	12:15 AM/PM	CUSTODY DATE	4-29-23	I.D. Case/No.	33021
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] Chatham					Bella
Telephone: [Redacted]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DmH	Calico	F	2yr.	7#
OTHER					
Scared					
ANIMAL IDENTIFICATION (complete all that 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
[Redacted]					5-1-23

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 1163, Richmond, VA 23218.

Name [Redacted] Date 4/29/23

Address [Redacted] Chatham 24531 Telephone [Redacted]

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

Disposition _____ Health _____ Gets along well with other pets yes

Did you contact another shelter about this animal? yes Why did they decline to accept? had to have appt.

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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		AM/PM		CUSTODY DATE		4-29-23		I.D. Case/No.		33022	
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: North Main St						Found - Rumble Had Been chewed wood on neck & ears					
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
Canine	Pit	White/Tan-M		M	9-14y	30#	Friendly				
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")											
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO		COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)					
None	None	None		None		None det.					
CUSTODY RECORD PREPARED BY										DATE	
SIGNATURE & TITLE											
DISPOSITION OF ANIMAL										DATE	
outh										5-11-23	

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 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	3:20 AM/PM	CUSTODY DATE	4-29-23		I.D. Case/No.	33023
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	X					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[Redacted]				[Redacted]		
Telephone: [Redacted]				[Redacted]		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Labx	Black -	F	3 mths	5#	[Redacted]
ANIMAL IDENTIFICATION (complete all that 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	
[Redacted]					4-24-23	

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 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.

X Signature [Redacted]

Denville Police Department
Denville Animal Control
Denville Area Humane Society
Pittsford Animal Control
Public 33024

TIME	8:30 AM/PM	CUSTODY DATE	APR 12 2008	ID. case No.	33625 33026
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			8 PUPPIES Roughly 8 weeks very friendly (6) puppies		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Chi/Dachshund Mix	tan 2 Black tan	4 F 3 M 3	8 weeks	1 lb
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	None Detected	
CUSTODY RECORD PREPARED BY					DATE
Signature & Title: <i>Sgt. J. Savannan</i> DISPOSITION OF ANIMAL					DATE
33027 - DOA					5-8-23

One tan F
 One tan M
 Two Black
 tan F
 Two Black

TIME	8:30 AM/PM	CUSTODY DATE	April 29 2023	LD. Case/No.	33028 33026
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		
UNKNOWN			8 puppies roughly 8 weeks very friendly (C) puppies		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Chi/Pashund mix	2 tan 2 black 2 black tan	4 F 3 M	8 weeks	1 lb
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	None Detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>[Signature]</i> Savannah					4/29/23
DISPOSITION OF ANIMAL					DATE
Adopted Doa					5-10-23

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 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? _____

Added last 2

STATEMENTS OF SURRENDER

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

Signature *[Signature]* 4/29/23
 Or

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

Signature _____

ne tan F
 ne tan M
 wo black?
 tan F
 wo black?
 tan M
 3ne black F
 3ne black M

F-BIK
 8wks
 M-BIK
 8wks

ne
tan F
ne
tan M
20 -
black
tan F
20 -
black
tan M
1ne
Black F
1ne
Black M

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? _____

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

On

- Signature _____

TIME	6:30 AM/PM	CUSTODY DATE	April 29 2028	ID. Case/No.	330-27	
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			
UNKNOWN			8 PUPPIES Roughly 8 weeks very friendly (C) puppies			
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Cri/Dashund mix	2 tan 2 black	4 F 3 M	8 weeks	1 lb	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
none	none	none	none	None detected		
CUSTODY RECORD PREPARED BY					DATE	
Signature Savannah					4/29/23	
SIGNATURE & TITLE					DATE	
DISPOSITION OF ANIMAL					DATE	
Transferred x3					7-7-23	

ne tan F
ne tan M
no black?
tan F
no black?
tan M
ne black F
ne black M

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

Added last 2
F BIK
Bucks
M-BIK
Bucks

STATEMENTS OF SURRENDER

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

Signature _____ Or _____

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

Signature _____

TIME 8:30 AM/PM	CUSTODY DATE April 29 2023	ID. Case No. 33026	Public				
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	
OWNER'S NAME & ADDRESS (if known) UNKNOWN				ADDITIONAL INFORMATION 8 puppies roughly 8 weeks very friendly (w) puppies			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Chi/Dashund mix	2 tan 2 Black	4 F 3 M	8 weeks	1 lb	non	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
none	none	none	none	None Detected			
CUSTODY RECORD PREPARED BY				DATE			
SIGNATURE & TITLE Savannah				4/29/23			
DISPOSITION OF ANIMAL				DATE			
Adopted				7.5.23			

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 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	8:30 AM/PM	CUSTODY DATE	April 29 2023	I.D. Case/No.	33030
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				Very Spicy Orange Male Kitten	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	Domestic Longhair	Orange tabby	M	8 weeks	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	none selected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>[Signature]</i> Savannah				4/29/23	
DISPOSITION OF ANIMAL				DATE	
Euth.				5-24-23	

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 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 wish custody to the Danville Area Humane Society.

Signature _____ *[Signature]* 4/29/23
 Or _____

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person 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	6:50 AM/PM	CUSTODY DATE	4/29/23	I.D. Case/No.	33031
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				Feral, I believe the tabby is a girl but am unsure do to fur baby jumping eye	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	Brown Short tabby hair	Brown, Black	F?	2 yrs	10 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	None	Couldnt get a read	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>L. Savannan</i>					4/29/23
DISPOSITION OF ANIMAL					DATE
<i>Wish</i>					5-523

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

Signature _____ 4/29/23

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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	5:00 AM/PM	CUSTODY DATE	4-29-23		I.D. Case/No.	33032	
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			
Drop off							
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Feline	DSH	gray tabby	M	1yr.	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	AD	none		none detected		
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>Q. H.</i>						4-29-23	
DISPOSITION OF ANIMAL						DATE	
<i> euth</i>						5-5-23	

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 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER


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

Signature _____

Or

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

Signature _____

TIME	9:00 AM/PM	CUSTODY DATE	4-30-23	I.D. Case/No.	330 33
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
X					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Unknown					
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Seline	DMH	blk w/white on chest and reddish patch	F	1 yr	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 detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE 					4-30-23
DISPOSITION OF ANIMAL					DATE
euth					5-5-23

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 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


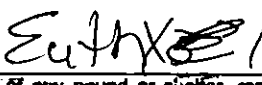
I do not own the above described animal and I relinquish custody to the Danville Area Humane Society.

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	11:00 AM/PM	CUSTODY DATE	4-30-23	ID. Case/No.	33035 33034
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					
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2X feline	DSH	Blk & white	1-M 1-F	5wks	4oz
ANIMAL IDENTIFICATION (complete all that 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 					4-30-23
DISPOSITION OF ANIMAL					DATE
#33035 - adopted					5-19-23
EuthX 					5-26-23

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 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	11:00 AM/PM	CUSTODY DATE	4-30-23	LD. Case No.	33035	ADOPT
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Drop Off
<input checked="" type="checkbox"/>						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
unknown						
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
2X Female has white on nose ears Seline	DSH	Blk & white	1-M 1-F	5wks	4oz	
ANIMAL IDENTIFICATION (complete all that 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 					4-30-23	
DISPOSITION OF ANIMAL					DATE	
Adopted					5-19-23	

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 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	11:00 AM/PM		CUSTODY DATE		4-30-23		I.D. Case/No.	33036
REASON FOR CUSTODY (mark appropriate box)							LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Drop Off		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION			
unknown								
Telephone:								
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
canine	shep x lab	yellow		M	4 yrs	50#		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)			
None	None	None	None		None detected			
CUSTODY RECORD PREPARED BY							DATE	
SIGNATURE & TITLE 							4-30-23	
DISPOSITION OF ANIMAL							DATE	
Euth.							5-12-23	

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 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 _____