

TIME	145 AM/PM		CUSTODY DATE	1-1-23		ID. Case/No.	32157	
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								
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Feline	DSH	gray tabby		M	1 yr	8#		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)			
NONE	NONE	NONE	NONE		NONE			
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE <i>[Signature]</i>						1-1-23		
DISPOSITION OF ANIMAL						DATE		
Transferred						1-12-23		

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

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

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

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

#### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	830 AM/PM	CUSTODY DATE	1-2-23		I.D. Case/No.	32158
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Unknown						
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	bull pit X	brindle & white	SF	5yrs	40-50#	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	chole chain red paisley collar		985141004802164	
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE					1-2-23	
DISPOSITION OF ANIMAL						
very friendly RTO					1-5-23	

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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 \_\_\_\_\_

Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
945 (AM/PM)		CUSTODY DATE		1-2-23		LD. Case No.		32159	
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]					Good w/ kids & animals Couldn't train to use litter box				
Telephone [Redacted]									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Slane	DSH	gray tab	M	3yrs	10#				
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
None	None	None	S lea		None detected				
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE Linda Cottrell						1-2-23			
DISPOSITION OF ANIMAL						DATE			
Euth						1-9-23			

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: [Redacted] Date: 1/2/23

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 \_\_\_\_\_

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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 <b>1200 AM/PM</b>		CUSTODY DATE <b>1-2-23</b>		ID. Case No. <b>3216</b>	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION
unknown					
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Siamese	DLH	gray tabby	SR	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	98212606575532	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>[Signature]</i>					1-2-23
DISPOSITION OF ANIMAL					DATE
Surrendered Adopted					3-7-21 1-2-23

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 23219.

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	2:00 AM/PM		CUSTODY DATE	1-2-23		I.D. Case/No.	32161	
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			
near dollar general on 58								
Telephone:								
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
canine	Lab	black with white spots on hind body		M	12 wks	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						1-2-23		
						DATE		
DISPOSITION OF ANIMAL						DATE		
DOA						1-2-23		

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 \_\_\_\_\_

TIME	5:10 AM (PM)	CUSTODY DATE	11/2/23	I.D. Case No.	32162
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
canine	husky 9/10?	white/beige	M	2 yrs	40/50 lb
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	no MC	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Rebecca Pratt</i>					11/2/23
DISPOSITION OF ANIMAL					DATE
<i>Euth.</i>					3/2/23

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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	5:30 AM <input checked="" type="checkbox"/> M		CUSTODY DATE	1/2/23		ID. Case/No.	32163 32164	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter		
	<input checked="" type="checkbox"/>							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
[REDACTED]								
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
feline	F DSH ADULT	Tort (multi) black		F	2 mths	7 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>Ruben Ruff</i>						1/2/23		
DISPOSITION OF ANIMAL						DATE		
Transferred						1/12/23		

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Name [REDACTED] Date 1/2/2023  
 Address [REDACTED] Telephone [REDACTED]  
 Characteristics: Good with children ☒ Lived Inside Outside Housebroken NO  
 Disposition Good Health Good Gets along well with other pets yes  
 Did you contact another shelter about this animal? NO Why did they decline to accept? yes  
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

#### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature [REDACTED]

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

**ANIMAL CUSTODY RECORD**

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


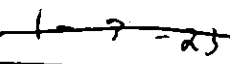
CASE NO.	32165	CUSTODY DATE	1-3-23	TIME	9:36	AM	PM
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	[REDACTED]	
1							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Shepherd mix	White	F	1 year	20 lbs	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	None	None			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE ACO I.D. [Signature]						1-3-23	
DISPOSITION OF ANIMAL						DATE	
Euth						2-9-23	

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

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

**ANIMAL CUSTODY RECORD**

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

CASE NO.	32166	CUSTODY DATE	1-23-23	TIME	10:45	AM / PM
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
<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		
Telephone:				left at this house		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Shepherd mix	tan	M	Year	20 lbs	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)	
None	None	None	blue lead Camo collar		None	
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE  1-23-23 Ian Black PD #372					1-3-23	
DISPOSITION OF ANIMAL					DATE	
Euth					1-24-23	

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

TIME	11:40 (AM)PM	CUSTODY DATE	1-3-23	I.D. Case/No.	32167
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	<del>Stray</del> Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[Redacted]				owner advised person who released dog "just let it run away"	
Telephone: [Redacted]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
canine	House mix	tan/white	F	1 year	20 lbs
OTHER					
None					
ANIMAL IDENTIFICATION (mark appropriate box or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	Black with tan peltats	None	
CUSTODY RECORD PREPARED BY					
SIGNATURE & TITLE				DATE	
Aco I.D. Black PD#57K				1-3-23	
Euth				1-10-23	

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Name [Redacted] Date 3.20.23

Address [Redacted] Telephone [Redacted]

Characteristics: Good with children unk. Lived Inside Outside Housebroken yes

Disposition good Health good Gets along well with other pets good

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	12:45 AM/PM	CUSTODY DATE	1-3-23	I.D. Case No.	32168	Public	32171 3270
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS	
	X						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES		COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline		White/Grey 2-F		2-M	1yr	6#	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
none	none	none	none	none det.			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE							
DISPOSITION OF ANIMAL						DATE	
Transferred						1-17-23	

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: 1-3-23  
Address: [REDACTED] Telephone: [REDACTED]

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken NO  
Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
Did you contact another shelter about this animal? NO Why did they decline to accept? 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 3.2-6548, 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 [REDACTED]

TIME	2	AM/PM	CUSTODY DATE	01-04-23	ID. Case No.	32172
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]				Sickly		
Telephone: 434 483 8407				TO Be Euth		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Shil	Black-TAN	M	5yr	15#	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None detected		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE Ann Janner - Sec				01-04-23		
DISPOSITION OF ANIMAL:				DATE		
Euth				1-4-23		

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 \_\_\_\_\_  
 Did you contact another shelter 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 <u>2:23 AM PM</u>		CUSTODY DATE <u>01-05-23</u>		LD. Case/No. <u>32174</u>		Public	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter	
	X						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[REDACTED]				[REDACTED] A New Born child can't keep any longer.			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Pitbull	Beige	F	3 yrs	50#	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	NONE	None detected			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <u>Ann Turner-sec</u>						01-05-23	
DISPOSITION OF ANIMAL						DATE	
Euth						1-11-23	

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

#### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> <i>This form includes all mandated information as required by §3.1-796.105.B of the Code of Virginia.</i>
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CASE NO. 32175 32176	CUSTODY DATE 1/5/23	TIME 4:00 AM / PM
REASON FOR CUSTODY (mark appropriate box)		LOCATION WHERE CUSTODY WAS TAKEN Oak Ridge
Stray 2	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
Canine <sup>x2</sup>	Bully <sup>x2</sup> Mix	brn brn/bik
SEX	APPROX. AGE	APPROX. WEIGHT
F <sup>x2</sup>	1yr <sup>x2</sup>	25lbs <sup>x2</sup>
OTHER		
?		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")		
CITY/COUNTY LICENSE NUMBER	RAMES TAG NUMBER	TATOO
—	—	—
COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)
—		—
CUSTODY RECORD PREPARED BY		DATE
SIGNATURE & TITLE 391		1/5/23
DISPOSITION OF ANIMAL		DATE
RTO X 2		1-5-23

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

TIME	12:00 AM/PM	CUSTODY DATE	1-6-23	ID. Case No.	32179
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	
Updike Place, Danville				"oreo"	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Poodle	Black	M	10yr	10lb
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
Danville 2120	none	none	Blue collar	Bill 985112002829164	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				DATE	
DISPOSITION OF ANIMAL				DATE	
RTO				1-6-23	

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: [Redacted] Date: 1-6-23  
 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.

X Signature: [Redacted]

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

Signature \_\_\_\_\_

extra #  
 Called left message 12:15 p.

VE	12:50 AM/PM	CUSTODY DATE	1-6-23		I.D. Case No.	32180	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAYS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Felin	DSH	Black/Tan	F	1	8		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
none	none	none	none	none			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>May Forester</i>						1-6-23	
DISPOSITION OF ANIMAL						DATE	
Transferred						1-12-23	

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

Signature \_\_\_\_\_  
 Or

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

Signature \_\_\_\_\_

TIME	12:50 AM	CUSTODY DATE	1-6-23	ID. Case No.	32181
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	
Ringold VA [redacted]				To Be Euth. for owner	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	PSH	gray	F	20 YRS	6#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none det	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Quinda Cottrell</i>				1-6-23	
DISPOSITION OF ANIMAL				DATE	
Euth for owner				1-6-23	

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) 786-2453, P.O. Box 1103, Richmond, VA 23061.

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

### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

X Signature [redacted]

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	2:00 AM/PM		CUSTODY DATE		1-6-23		LD. Case/No.	32182	
REASON FOR CUSTODY (mark appropriate box)							LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		DAH		
	✓								
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
[Redacted]					Diamond				
Telephone: [Redacted]									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
K-9	Aust Sher	Brown/White		F	11mth	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 Det				
CUSTODY RECORD PREPARED BY							DATE		
SIGNATURE & TITLE <i>May Z. Bunch</i>							1-6-23		
DISPOSITION OF ANIMAL							DATE		
Euth							1-12-23		

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

### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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	4:30 AM/PM	CUSTODY DATE	1-6-23	I.D. Case/No.	32184				
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				
					in Drop off				
Telephone:									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLORMARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Cornish	Beagle	TRU		M	10yrs	20lb			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
none	none	none	none		none				
CUSTODY RECORD PREPARED BY					DATE				
SIGNATURE & TITLE					1-6-23				
DISPOSITION OF ANIMAL					DATE				
Euth					1-19-23				

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	7:20 AM/PM	CUSTODY DATE	1-7-23	I.D. Case/No.	32185
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 Police Dept.	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2x Canine	Lab x Lab/Hound	Tan & White	M	2 yrs	60#
		SPR	F	3 1/2	40#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	Orange Beige	None det.	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				1-7-23	
DISPOSITION OF ANIMAL				DATE	
Euth 32185				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 \_\_\_\_\_

TIME	7:20 AM/PM	CUSTODY DATE	1-7-23	I.D. Case/No.	32185 32186	
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 Police Dept.		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
2x Canine	Lab x Lab/Hound	Tan	M	5yrs	60#	
		TR	F	3yrs	40#	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
none	none	none	Green/Bunge	None det.		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE				1-7-23		
DISPOSITION OF ANIMAL				DATE		
Euth				1-24-23		

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

TIME	12:10 AM/PM	CUSTODY DATE	1-7-23	I.D. Case/No.	32187
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:				Karna	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
Canine	Pit x	Black	F	5yr	50#
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None Dot	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Linda Cottrell				1-7-23	
DISPOSITION OF ANIMAL				DATE	
Euth				1-12-23	

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

Name [Redacted] Date 1/6/23  
 Address [Redacted] Telephone [Redacted]  
 Characteristics: Good with children YES Lived Inside/Outside Lived Inside Housebroken Some  
 Disposition energetic Health good Gets along well with other pets NO Female DOG  
 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	12:30 AM/PM	CUSTODY DATE	1-7-23	I.D. Case/No.	32188 32189
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	
				Drop off -	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2x Canine	Beagles	TRi	M	10 yrs 12 yrs	12# 15#
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none	
CUSTODY RECORD PREPARED BY: _____ DATE: _____					
SIGNATURE & TITLE					DATE
Scottsell					1-7-23
DISPOSITION OF ANIMAL					DATE
Euth					1-19-23

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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 Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control	
TIME	1:00 AM/PM	CUSTODY DATE	1-7-23	I.D. Case/No.	32190		
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:				COCO			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
feline	cat	TORT	F	1yr	17#		
ANIMAL IDENTIFICATION (complete all that 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	
Transferred						1-12-23	

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 1463, Richmond, VA 23218.

Name: [REDACTED] Date: 12/7/23

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 \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

Danville Animal Control    Danville Area Humane Society <input checked="" type="checkbox"/> Public						
AM/PM	CUSTODY DATE	1-7-23	I.D. Case/No.	32191 32192		
REASON FOR CUSTODY (mark appropriate box)			LOCATION WHERE CUSTODY WAS TAKEN			
Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		
<input checked="" type="checkbox"/>						
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
Cheddar + Bisquit			allergies			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
2x Rodents	Rats	Brown & Hatched Rat	M	1yr	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 det		
CUSTODY RECORD PREPARED BY				DATE		
Signature: [Signature]				1-7-23		
DISPOSITION OF ANIMAL				DATE		
Euth				1-16-27		

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

Name [Redacted] Date 1/6/23

Address [Redacted] Telephone [Redacted]

Characteristics: Good with children X Lived (inside) Outside Housebroken [Redacted]

Disposition Shy Health Good Gets along well with other pets No

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

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

### STATEMENTS OF SURRENDER

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

Signature [Redacted] Or

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

Signature [Redacted]

TIME 2146 AM/PM CUSTODY DATE 1-7-23 I.D. Case No. 32193

REASON FOR CUSTODY (mark appropriate box)

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

LOCATION WHERE CUSTODY WAS TAKEN

D.A.H.S.

OWNER'S NAME & ADDRESS (if known)

[Redacted]

ADDITIONAL INFORMATION

Bought From some Kids - Afraid of what might happen to him

Telephone: [Redacted]

SPECIES BREED ANIMAL DESCRIPTION

feline DSH Blk/white M 12wks 2 1/2#

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

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

CUSTODY RECORD PREPARED BY

SIGNATURE & TITLE Ar May DATE 1-7-23

DISPOSITION OF ANIMAL

Transferred

DATE

3-8-23

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 \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

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

### STATEMENTS OF SURRENDER

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

Signature [Redacted]

Or

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

Signature \_\_\_\_\_

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public <input checked="" type="checkbox"/>	
TIME	3:05 AM/PM	CUSTODY DATE	1-7-23		I.D. Case/No.	32194			
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS			
<input checked="" type="checkbox"/>									
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
[Redacted] country club Dr. Eden, NC					Fleas - missing Hair				
Telephone:									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Feline	DLH	Black		F	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 Det				
CUSTODY RECORD PREPARED BY					DATE				
SIGNATURE & TITLE <i>Gina Cottrell</i>					1-7-23				
DISPOSITION OF ANIMAL					DATE				
Euth					1-18-23				

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: 01-07-23

Address: [Redacted] Eden, NC, [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.

X Signature: [Redacted] \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	2:30 AM	CUSTODY DATE	1/8/23	I.D. Case/No.	32195
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]					neuters "ace" not good with kids
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pit Bull	blk/wh	M	4 yrs	50 lbs
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
			red harness	not chipped	
CUSTODY RECORD PREPARED BY: [Redacted] DATE: 1/8/23					
SIGNATURE & TITLE: [Redacted] DATE: 1/18/23					
DISPOSITION OF ANIMAL: [Redacted] DATE: 1/18/23					

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, 1630 Richmond Road, Raleigh, NC 27601.

Name: [Redacted] Date: 01-08-23

Address: [Redacted] Telephone: [Redacted]

Characteristics: Good with children ☒ No Lived ☒ Inside ☐ Outside Housebroken ☒ Gets along well with other pets ☒ Not sure

Disposition: Friendly Health: Good Did you contact another shelter about this animal? ☒ No Why did they decline to accept? ☒ No, never

Has the animal bitten or scratched a person or animal within the past 10 days? ☒ No, never

### 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 policies and procedures if I decide I want the above [Redacted]

Signature: [Redacted]

TIME	1:00 AM/PM	CUSTODY DATE	1-8-23	LD. Case/No.	(32196)	auth
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
7x						Shelter
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone: unknown						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
canine	mn dog?	tricolor	6-m 1-f	8wks	3#	
ANIMAL IDENTIFICATION (check all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (tag, tag, etc.)	OTHER IDENTIFICATION (specify)		
NONE	NONE	NONE	NONE	NONE		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE				1-8-23		
DISPOSITION OF ANIMAL				DATE		
auth				1-10-23		

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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 \_\_\_\_\_

CUSTODY DATE: 1-8-23		ID. Case No. (32194)
REASON FOR CUSTODY (mark appropriate box)		LOCATION WHERE CUSTODY WAS TAKEN
<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	Shelter
<input type="checkbox"/> Bite Case	<input type="checkbox"/> Transfer from other locality/facility	
<input type="checkbox"/> Other		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	Do not
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
canine	mn dog?	tricolor	6-m 1-F	8 wks	3#	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	1-8-23
DISPOSITION OF ANIMAL	DATE
	1-24-23

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

Disposition \_\_\_\_\_

Did you contact prior owner about adoption? \_\_\_\_\_ 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	1:00 AM PM		CUSTODY DATE	1-8-23		LD. Case No.	[REDACTED]	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter [REDACTED]		
20								
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
Telephone:				Dog # 32209				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Canine	mn dog? terrier X	tricolor	6-M 1-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	NONE				
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE [Signature]						1-8-23		
DISPOSITION OF ANIMAL						DATE		
DO A						1-9-23		

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	12:35 AM/PM	CUSTODY DATE	01-09-23	LD. Case/No.	32203
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[Redacted]				Can't Afford them	
Telephone: [Redacted]				Mason Callie	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	ORG. - MASON GRAY-TAN-CALLIE	M F	8 mos. 8 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: [Signature]					
SIGNATURE & TITLE				DATE	
[Signature]				01-09-23	
DISPOSITION OF ANIMAL				DATE	
Euth				1-20-23	

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) 788-2463, P.O. Box 1163, Richmond, VA 23218.

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

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

Characteristics: Good with children yes Lived Inside/Outside Inside Housebroken yes  
 Disposition OK Health OK Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter 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	12:15 AM/PM	CUSTODY DATE	01-09-23	I.D. Case/No.	32205
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[REDACTED]				[REDACTED]	
Telephone: [REDACTED]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	ORG/white	M	2 yrs	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				DATE	
SIGNATURE & TITLE <i>Ann James Sec</i>				01-09-23	
DISPOSITION OF ANIMAL				DATE	
ADOPTED				1-17-23	

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? *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	900 AM	CUSTODY DATE	1-8-23	I.D. Case/No.	32206
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			unknown		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
10	Hound x	Tan/white	F	1 yr	40 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)	
n	n	n	n	none detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				1-8-23	
DISPOSITION OF ANIMAL				DATE	
Euth				1-23-23	

This form may be used by animal control agencies, representatives of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to 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	900 AM	CUSTODY DATE	1-8-23	I.D. Case/No.	32207
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				Unknown    Loki	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
10	Hand x	Tan	m	7 mos.	50H
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: <i>[Signature]</i>					1-8-23
DISPOSITION OF ANIMAL					DATE
RTO					1-13-23

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.

Signature \_\_\_\_\_

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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	01-10-22		I.D. Case/No.	32208	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter	
<input checked="" type="checkbox"/>							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone: <u>Unknown</u>				<u>She's Pregnant</u>			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Feline	DSH	Blk-white	F	1Yr.	8#		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
None	None	None	None		None detected		
CUSTODY RECORD PREPARED BY				DATE			
SIGNATURE & TITLE <u>Ann Farmer, sec</u>				01-10-22			
DISPOSITION OF ANIMAL				DATE			
<u>Euth</u>				1-24-23			

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: [Redacted] Date: 01-10-22

Address: [Redacted] Telephone: [Redacted]

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

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

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

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

### STATEMENTS OF SURRENDER

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

Signature [Redacted]

Or

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

Signature \_\_\_\_\_

TIME	12:55 AM/PM	CUSTODY DATE	01-10-23	ID. Case/No.	32209
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: 4N Known					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Gray tabby	M	1yr.	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	No	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				01-10-22	
DATE				1-24-23	

This form must be made available for public inspection upon request. Information on this form is to be summarized and submitted 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 \_\_\_\_\_  
 Check all that apply: ☐ Died ☐ Outside ☐ Broken ☐ Broken  
 Disposition: If the animal is being adopted, please indicate where it is being adopted.  
 Did you contact another shelter about this animal? \_\_\_\_\_ Why did they decline to accept?  
 Has the animal bitten or scratched a person or animal within the past 10 days? \_\_\_\_\_

### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Signature \_\_\_\_\_

TIME	1:39	AM/PM	CUSTODY DATE	01-10-23	ID. Case No.	32211
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]				TD Big for Lora to handle 'JJ'		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Lab/Pit	BLACK	M	6 mos	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	[Redacted]		
CUSTODY RECORD PREPARED BY: [Redacted] DATE: 01-10-23						
SIGNATURE & TITLE: Anne Janner-Sec						DATE: 01-10-23
DISPOSITION OF ANIMAL: Euth						DATE: 1-24-23

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 [Redacted]

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

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

Did you contact another shelter about this animal? \_\_\_\_\_ 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 responsible for the adoption policies and procedures if I decide I want the [Redacted] described animal back.

Signature \_\_\_\_\_

TIME		2:21 AM/PM		CUSTODY DATE		01-10-23		LD. Case/No.		32212	
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]						Very sickly TO Be Euth.					
Telephone: [REDACTED]											
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
Canine	Shitzu	White/BK		F	18yrs	3#	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: [REDACTED]										DATE	
SIGNATURE & TITLE: [REDACTED]										01-10-23	
DISPOSITION OF ANIMAL										DATE	
Euth										1-10-23	

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? \_\_\_\_\_

#### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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	2:45 AM/PM	CUSTODY DATE	1-10-23	I.D. Case/No.	32213
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]					caught in trap
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DLH	Black	M	3yrs	10#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none del.	
CUSTODY RECORD PREPARED BY: Linda Cottrell					DATE: 1-10-23
DISPOSITION OF ANIMAL: Euth					DATE: 1-20-23

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: 1/10/23

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: \_\_\_\_\_

TIME	3:33 AM/PM	CUSTODY DATE	01-10-23	L.D. Case/No.	32214
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]				Cut ear	
Telephone: [Redacted]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DMH	gray-white	M	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 detected	
CUSTODY RECORD PREPARED BY					
SIGNATURE & TITLE				DATE	
Ann Janner - Sec				01-10-23	
DISPOSITION OF ANIMAL				DATE	
Euth				1-27-23	

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

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

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

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

### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

"Tailzo"

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

3:47 AM/PM **CUSTODY DATE** 01-10-23 **ID. Case/No.** 32215

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

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

**LOCATION WHERE CUSTODY WAS TAKEN** 32216  
Shelter

**OWNER'S NAME & ADDRESS (if known)**  
[REDACTED]

**ADDITIONAL INFORMATION**  
his granddaughter is friend of these

**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
<u>2 Rodent</u>	<u>G.P</u>	<u>White/BRN</u>	<u>M</u>	<u>1yr</u>	<u>1#</u>	<u>None</u>

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

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

**CUSTODY RECORD PREPARED BY** Ann Turner-Sec **DATE** 01-10-23

**DISPOSITION OF ANIMAL** death x 2 **DATE** 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 \_\_\_\_\_

Denville Police Department		Denville Animal Control		Denville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	2 AM/PM	CUSTODY DATE	01-12-23			LD. Case No.	32219		
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 are Being Evicted Never Been to Vet Lexi				
Telephone: [REDACTED]									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Canine	Labrador	BRINDLE	F	1 YR	50#	NONE			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
NONE	NONE	NONE	NONE		None detected				
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE <i>Ann Turner-Sic</i>						01-12-23			
DISPOSITION OF ANIMAL						DATE			
Euth						1-18-23			

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

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

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

Characteristics: Good with children good Lived inside/outside Housebroken No  
Disposition Health OK Gets along well with other pets NO sure  
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 Denville Area Humane Society.

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

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

13 AM/PM CUSTODY DATE 01-11-23 I.D. Case/No. 32220

REASON FOR CUSTODY (mark appropriate box)

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

LOCATION WHERE CUSTODY WAS TAKEN 32221  
32223  
Shelter

OWNER'S NAME & ADDRESS (if known) [Redacted] ADDITIONAL INFORMATION They Can't Keep #43 - She kept 2 male Tort+Silver  
Tort mother "Bingo" Blk Shadow"

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
<u>3X feline</u>	<u>Dsh</u>	<u>2 Tort+Silver</u>	<u>F</u>	<u>1yr</u>	<u>34.5#</u>	<u>None</u>

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

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

CUSTODY RECORD PREPARED BY [Redacted] DATE 01-11-23

SIGNATURE & TITLE Ann [Redacted] SVP DATE 01-11-23

DISPOSITION OF ANIMAL Euth DATE 1-20-23

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 01-11-23

Address [Redacted] Telephone [Redacted]

Characteristics: Good with children yes Lived Inside/Outside [Redacted] Housebroken yes  
Disposition Health Gets along well with other pets OK  
Did you contact another shelter 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

[Redacted Signature]

TIME	4:30 AM/PM	CUSTODY DATE	1-10-23	LD. Case/No.	32217
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	
Dry Fork VA.					
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DSH	Black	F	9 mths	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 det	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE Ann Turner-Sec					1-10-23
DISPOSITION OF ANIMAL					DATE
Euth.					2-1-23

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 3.2-6548, 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**  
**Animal Control Unit**  
**(434) 548-3017**

**ANIMAL CUSTODY RECORD**

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

CASE NO.	32218	CUSTODY DATE	1/11/23	TIME	12:19 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
Unknown					See ACO crowder
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
canine	Min Pin	black/brn	M	1yr	15lbs
OTHER					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
—	—	—	—	—	
CUSTODY RECORD PREPARED BY					DATE
397					1/11/23
SIGNATURE & TITLE					
DISPOSITION OF ANIMAL					DATE
RTO					1-11-23

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

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	6:45 AM/PM	CUSTODY DATE	1-12-23			I.D. Case/No.	32223		
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: DROD Off cage									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Peline	DST	Calico	F	1yr.	5#	None			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
None	None	None	None		None Det				
CUSTODY RECORD PREPARED BY: [Signature] DATE: 1-12-23									
SIGNATURE & TITLE: [Signature] KA. DATE: 1-12-23									
DISPOSITION OF ANIMAL: Euth DATE: 1-18-23									

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 \_\_\_\_\_ Date \_\_\_\_\_

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

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

#### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

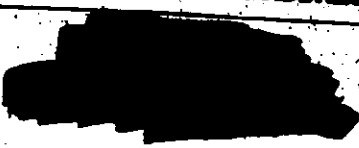
Signature \_\_\_\_\_

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

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

CASE NO.	32224	CUSTODY DATE	1-12-23	TIME	8:00 (AM) PM
----------	-------	--------------	---------	------	--------------

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

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Dog	Pit mix	brown	M	2	40 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)
N/A	N/A	N/A	blue green	N/A

CUSTODY RECORD PREPARED BY		DATE
SIGNATURE & TITLE	Ian P. Black PD#376	1-12-23

DISPOSITION OF ANIMAL		DATE
RTO		1-12-23

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

TIME	9	AM/PM	CUSTODY DATE	01-12-23	I.D. Case/No.	32225
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone: Unknown				Chestnut Street & Grove		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Ch. x	TAN		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	Blue	None detected		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE: Anna Juma Sec				01-12-23		
DISPOSITION OF ANIMAL				DATE		
Adopted				1-27-23		

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

Name: [Redacted] Date: 1-12-23  
 Address: [Redacted] Telephone: (434) 790-4734  
 Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter 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	AM/PM	CUSTODY DATE	1-10-23		ID. Case/No.	32226	
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:				D.O.			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Feline	DSH	Black	F	1yr.	6#	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	None	None det.			
CUSTODY RECORD PREPARED BY				DATE			
SIGNATURE & TITLE				DATE			
DISPOSITION OF ANIMAL				DATE			
Euth				1-21-23			

This form may be used by animal control officials, employees of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 786-2463, 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 3.2-8548, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

Signature \_\_\_\_\_

TIME	102	AM/PM	CUSTODY DATE		01-12-23	LD. Case No.	32227
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]				To Be Euth			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Dog	Pom	Black-White	m	17/3	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 detected			
CUSTODY RECORD PREPARED BY				DATE			
SIGNATURE & TITLE				DATE			
[Signature]				01-12-23			
DISPOSITION OF ANIMAL				DATE			
Euth for owner				1-12-23			

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) 786-2463, P.O. Box 1163, Richmond, VA 23216.

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

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

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

Disposition \_\_\_\_\_ Health poorly 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

[Redacted Signature]

37778

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	307 AM/PM	CUSTODY DATE	01-12-23	ID. Case/No.	32228				
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	32229 Shelter			
	X								
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION					
[REDACTED]				moving Can't keep them LL said					
[REDACTED]				M-Bugsy - Japan - IF					
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
2x Canine	Beagle Pit	BRK-BRN BRN	M F	2 mos.	20# 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: [REDACTED] DATE: [REDACTED]									
SIGNATURE & TITLE						DATE			
Ann Farmer - Sec						01-12-23			
DISPOSITION OF ANIMAL						DATE			
Euth						1-19-23			

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

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

Address \_\_\_\_\_ Telephone 4

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

Disposition OK Health OK Gets along well with other pets yes

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

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

### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
(AM/PM)		CUSTODY DATE		1-13-23		I.D. Case/No. 42230	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAAS	
4							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone: Drop off cage				<del>See Padgett for red pad lock</del> + logging chair			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	German Shep.	Black	M	1 y.r.	60#		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
none	none	none	log chain Padlock		none det		
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>AKH K-A</i>						1-13-23	
DISPOSITION OF ANIMAL						DATE	
Euth						1-26-23	

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 23216.

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

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

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

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

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

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

#### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	3:30 AM/PM	CUSTODY DATE	1-13-23	LD. Case/No.	32231 32232
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] Thomasville, NC.				Lilly Lilly	
Telephone: [Redacted]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
K-9	Pit Rot	Black/White	F	6mths	35#
K-9	Pit	White	F	5yrs	40#
OTHER: None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RAMES TAG NUMBER	TATTOO	COLLAR (Color, type, etc)	OTHER IDENTIFICATION (specify)	
none	none	none	white/blue	none def.	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE: Mary E. [Redacted] - Sec.				1-13-23	
DISPOSITION OF ANIMAL				DATE	
Euth				1-20-23	

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

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

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

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

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

Did you contact another shelter about this animal? (yes/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 3.2-6548, 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 animal back.

Signature \_\_\_\_\_

TIME	5:00 AM/PM	CUSTODY DATE	1-13-23	ID. Case/No.	32233
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[Redacted]			[Redacted]		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
K-9	Boxer	Tan/white	M	5 yrs	40 lbs
IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	[Redacted]	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Mary F. Burch</i>					1-13-23
DISPOSITION OF ANIMAL					DATE
RTO					1-16-23

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) 548-3017

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

**CASE NO.** 32234 **CUSTODY DATE** 1/13/23 **TIME** 4:00 **AM** PM

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

Stray	Owner Surrender	Seized	Elite Case	Transfer from other locality	Other
		<u>9</u>			

**LOCATION WHERE CUSTODY WAS TAKEN**  
[REDACTED]

**OWNER'S NAME & ADDRESS (if known)**  
[REDACTED]

**ANIMAL INFORMATION**

SPECIES	BREED	COLORED	AGE	WEIGHT	OTHER
<u>ON</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>

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

CITY/COUNTY LICENSE NUMBER	RAMES TAG NUMBER	TATOO	COLOR (Color, type, etc.)	OTHER IDENTIFICATION (specify)

**CUSTODY RECORD PREPARED BY**  
391

**SIGNATURE & TITLE** 1/13/23

DISPOSITION OF ANIMAL	DATE
<u>32234</u> <u>32235</u> <u>32236</u> <u>32237</u> <u>32238</u> <u>32239</u> <u>32241</u> <u>7 Euth</u>	<u>1-31-23</u>

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-3463, P.O. Box 1163, Richmond, Virginia 23216.

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> <small>This form includes all mandated information as required by §3.1-796.106.8 of the Code of Virginia.</small>
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CASE NO.		CUSTODY DATE	1/13/23	TIME	4:00 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/facility	Other	
		9				

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/PAINTINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
on Paper						

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

CUSTODY RECORD PREPARED BY	DATE
391	1/13/23
SIGNATURE & TITLE	

DISPOSITION OF ANIMAL	DATE
Euth	2-8-23

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 §3.1-796.106.8 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 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) 786-3483, P.O. Box 1163, Richmond, Virginia 23214.

TIME	645 AM	CUSTODY DATE	1-14-23	ID. Case/No.	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
unknown					
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DLH	Black	F	6 mos	5#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	NONE	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				1-14-23	
DISPOSITION OF ANIMAL				DATE	
Euth				1-21-24	

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

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

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

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

### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

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

**ANIMAL CUSTODY RECORD**

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

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CASE NO.	CUSTODY DATE		TIME	
	1/13/23		4:00 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
		9		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION
[Redacted]				
Telephone: [Redacted]				
ANIMAL DESCRIPTION				
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE
on Paper				
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")				
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
CUSTODY RECORD PREPARED BY				DATE
391				1/13/23
SIGNATURE & TITLE				
DISPOSITION OF ANIMAL				DATE
Euth				2-1-23

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

32244

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	1145 AM	CUSTODY DATE		1-16-23		I.D. Case/No.			
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAH S			
	X								
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION					
[Redacted]				Euthanize Ht by car					
Teleph [Redacted]									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Canine	Chihuahua	tan/grey		F	1 1/2 yrs	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 [Redacted] KA.						1-16-23			
DISPOSITION OF ANIMAL						DATE			
Euthanized [Redacted] Ht by car for owner						1-16-23			

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) 786-2482, P.O. Box 1163, Richmond, VA 23218.

✓ Name [Redacted] Date 1/16/23

✓ 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 \_\_\_\_\_

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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	250 AM/PM	CUSTODY DATE	1-16-23	I.D. Case/No.	32245
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[Redacted]			[Redacted]		
Telephone: [Redacted]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DSH	orange	M	2	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	None Def	
CUSTODY RECORD PREPARED BY			DATE		
SIGNATURE & TITLE [Signature]			1-16-23		
DISPOSITION OF ANIMAL			DATE		
[Signature]			1-21-23		

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 1183, Richmond, VA 23218.

X Name [Redacted] Date 1-16-23

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.

X Signature [Redacted]

Or

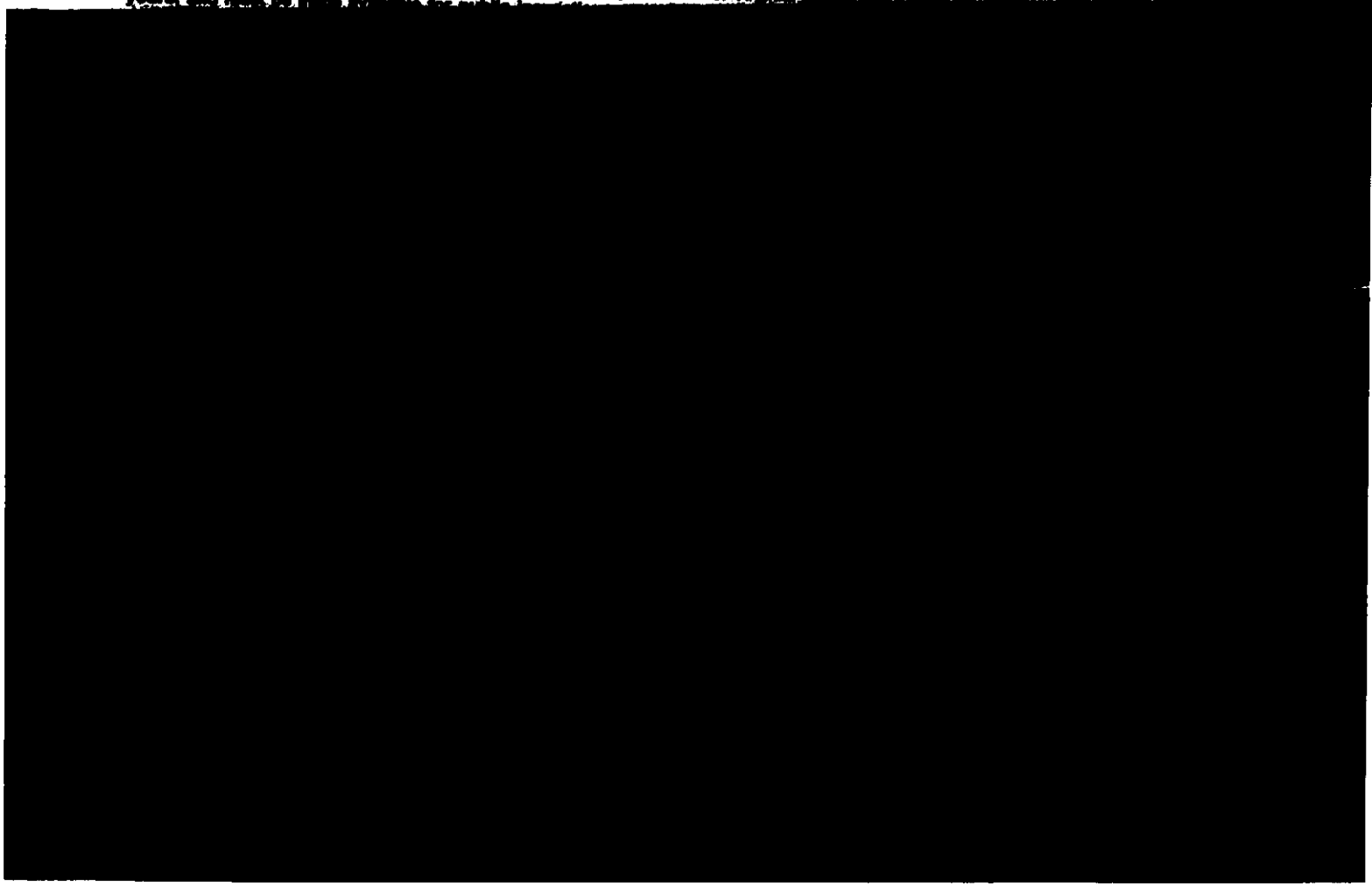
- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. 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	155 AM/PM	CUSTODY DATE	1-16-23	ID.	32246	32247	32248	32249	32250	32251
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]				male AR1e						
Telephone [Redacted]										
ANIMAL DESCRIPTION										
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER				
Canine	CS/Beagle	tan/Black	M	14M	60#					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")										
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)						
CUSTODY RECORD PREPARED BY										
SIGNATURE & TITLE: <i>De Colli KA</i>								DATE		
								1-16-23		
DISPOSITION OF ANIMAL										
Euth 32249								DATE		
								1-23-23		

*adult*  
*5 2m*  
*3f*

This form may be used by animal control officers, investigators, or other personnel to record and maintain information required by the Code of Virginia, and must be made available for public inspection.



Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

TIME 155 AMPM CUSTODY DATE 1-16-23 I.D. Case No. 32246 32247 32248 32249 32250 32251

## 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 &amp; ADDRESS (if known)

ADDITIONAL INFORMATION

Telephone

## ANIMAL DESCRIPTION

SPECIES

BREED

COLOR/MARKINGS

SEX

APPROX  
AGEAPPROX  
WEIGHT

OTHER

Canine

CS/Basset

tan/Black

M

1 yr

60#

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

CITY/COUNTY  
LICENSE NUMBERRABIES TAG  
NUMBER

TATTOO

COLLAR  
(Color, type, etc.)

OTHER IDENTIFICATION (specify)

None

None

None

None

None Det

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE &amp; TITLE

De Colli KA

1-16-23

DISPOSITION OF ANIMAL

DATE

Euth 32246

1-19-23

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

adult.  
3m  
3f.

Danville Animal Control    Danville Area Humane Society    Pittsylvania Animal Control    Public

55 AMPM  
 CUSTODY DATE  
 1-16-23

I.D. 32246 32247 32248 32249 32250 32251  
 Case No. 32246 32247 32248 32249 32250 32251

REASON FOR CUSTODY (mark appropriate box)
 

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

LOCATION WHERE CUSTODY WAS TAKEN  
 DASH

OWNER'S NAME & ADDRESS (if known)  
 [Redacted]  
 Telephone [Redacted]

ADDITIONAL INFORMATION  
 male ARLE

ANIMAL DESCRIPTION
 

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
Canine	GS/Basset	tan/Black	m	1YR	60#	

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

CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)

 CUSTODY RECORD PREPARED BY  
 SIGNATURE & TITLE: [Redacted] KA.  
 DATE: 1-16-23  
 DISPOSITION OF ANIMAL: Euth  
 DATE: 1-26-23
 

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

X Name: [Redacted] Date: 1/16/23

Address: [Redacted] Reeling VA Telephone: [Redacted]

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

Disposition: ☒ Health: good Gets along well with other pets ☒

Did you contact another shelter about this animal? ☒ Why did they decline to accept? too long wait

Has the animal bitten or scratched a person or animal within the past 10 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]

155 AM/PM CUSTODY DATE 1-16-23 I.D. (32246) 32247, 32248, 32249, 32250, 32251

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]	male ARIe
Telephone	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
Canine	Lab/Basset mix	tan/black	M	1 yr	60 lbs	

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

CUSTODY RECORD PREPARED BY	DATE
[Signature]	1-16-23
DISPOSITION OF ANIMAL	DATE
Euth	1-30-23

This form may be used by animal control officers, custodians of any pound or shelter, or any other person who is a party to the custody of an animal. It is the responsibility of the person completing this form to ensure that the information is accurate and complete. This form must be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions 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 1/16/23

Address [Redacted] Weeling Va 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? too long wait  
 Has the animal bitten or scratched a person or animal within the past 10 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]

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

300 AM/PM

CUSTODY  
DATE

1-16-23

I.D.  
Case/No.

32252

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE  
CUSTODY WAS TAKEN

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

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Telephone

ANIMAL DESCRIPTION

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

Canine Pit X Black/White F 2yr. 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)

CUSTODY RECORD PREPARED BY

SIGNATURE & TITLE

1-16-23

DISPOSITION OF ANIMAL

DATE

Euth

1-26-23

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) 786-2463, 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? ☐

### 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	6:46 AM/PM	CUSTODY DATE	1-17-23	I.D. Case/No.	32254 32255
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)				ADHS	
Telephone				DAD OFF.	
ADDITIONAL INFORMATION				mom + 3 puppies. DUPS Born Dec 13th.	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
cat	pit/chaux	Brindle.	BF IM.	1yr.-1 5wks old	4#/#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				1-17-23	
DISPOSITION OF ANIMAL				DATE	
Euth				2-4-23	

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 \_\_\_\_\_  
 Did you contact another shelter about this animal? \_\_\_\_\_ Why did they decline to accept? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the past 10 days? \_\_\_\_\_

### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME		1:30 AM/PM		CUSTODY DATE		01-18-23		LD. Case/No.		32258 32259	
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]						Mother Not Able to Care for them [REDACTED] - Eva - Maggie					
434-250-5798						ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX AGE	APPROX WEIGHT	OTHER				
2x Canine	Chi	Dark Tan/white		F	3 yrs	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 detected					
CUSTODY RECORD PREPARED BY								DATE			
SIGNATURE & TITLE [Signature]								01-18-23			
DISPOSITION OF ANIMAL								DATE			
Adopted								2-13-27			

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

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

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

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

#### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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		4:20 AM/PM		CUSTODY DATE		01-18-23		I.D. Case/No.		32260	
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]						HAD A WAK got from someone that breed them "King"					
Telephone: [REDACTED]						ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
Canine	G.S.	Black-Brown		M	6 mos.	50#	None				
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")											
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO		COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)					
None	None	None		None		None detected					
CUSTODY RECORD PREPARED BY								DATE			
SIGNATURE & TITLE Ann Turner - Sec								01-18-23			
DISPOSITION OF ANIMAL								DATE			
Adopted								2-3-23			

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 yes Lived Inside/Outside yes Housebroken yes  
Disposition NO + sure Health NO + sure Gets along well with other pets NO + 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 \_\_\_\_\_

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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	4:37 AM/PM	CUSTODY DATE	01-18-23		I.D. Case/No.	3224	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone: <u>Unknown</u>				← <u>Received</u>			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
<u>Feline</u>	<u>DLH</u>	<u>gray-white</u>	<u>F</u>	<u>2yr</u>	<u>5#</u>	<u>None</u>	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>		<u>None detected</u>		
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <u>Anna Janner-Soc</u>						01-18-23	
DISPOSITION OF ANIMAL						DATE	
If you are releasing a stray <u>Search</u>						1-26-23	

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 \_\_\_\_\_

Address [Redacted] Telephone [Redacted]

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

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

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

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

### STATEMENTS OF SURRENDER

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

Signature [Redacted] Or

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

Signature \_\_\_\_\_

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

**ANIMAL CUSTODY RECORD**

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

CASE NO.	32262	CUSTODY DATE	1/19/23	TIME	11:57 AM
RESPONSOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Elite Case	Transfer from other locality/facility	Other
1					
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION
					injured ear See Crowder
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Yellow	DMH	org/wht	M	8 wks	3 lbs
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
—	—	—	—	—	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE 3011					1/19/23
DISPOSITION OF ANIMAL					DATE
friendly Adopted					2-7-23

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

<b>Danville Police Department</b> Animal Control Unit (434) 548-3817	<b>ANIMAL CUSTODY RECORD</b> <i>This form includes all mandated information as required by §3.1-796.105.5 of the Code of Virginia.</i>
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CASE NO.	32263	CUSTODY DATE	1/19/23	TIME	2:15 AM <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">PM</span>
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REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	[REDACTED]
1						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Cat	Orange	Orange	M	1 year	10 lbs	2

ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")				
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLAR	OTHER IDENTIFICATION (specify)
None	None	None	None	None

CUSTODY RECORD PREPARED BY		DATE
SIGNATURE & TITLE <span style="font-size: 2em; vertical-align: middle;">391</span>	1/19/23	

DISPOSITION OF ANIMAL		DATE
euth	1-26-23	

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 §3.1-796.105.5 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 summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> <i>This form includes all mandated information as required by §3.1-796.105.B of the Code of Virginia.</i>
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CASE NO.	32264	CUSTODY DATE	1-19-23	TIME	2:15 AM (PM)
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
/					

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
IC-9	Boxer mix	Brown/white	M	1	140 lbs	

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

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <span style="font-size: 2em; vertical-align: middle;">391</span>	1/19/23

DISPOSITION OF ANIMAL	DATE
Euth <span style="font-size: 2em; vertical-align: middle;">.</span>	1-24-23

*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 §3.1-796.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-3483, P.O. Box 1163, Richmond, Virginia 23218.*

TIME	4:30 AM/PM	CUSTODY DATE	1-19-23	I.D. Case/No.	32265
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]				Declawed on front Thruway she works just Don't have the time for her	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DSH	gray/orange	SF	12yr.	12#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	NONE	NONE	NONE Detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				DATE	
[Redacted Signature]				01-19-23	
DISPOSITION OF ANIMAL				DATE	
[Redacted Signature]				1-27-23	

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 \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken yes  
 Disposition \_\_\_\_\_ 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 \_\_\_\_\_

TIME	4:45 AM/PM		CUSTODY DATE		1-19-23		I.D. Case/No.	32266	
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]					He found her about 3 wks ago, but shed'd like his animal GRACE				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Canine	Pit x	Blk w/ht	F	1yr	50#	None			
ANIMAL IDENTIFICATION (complete all that apply; or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)					
NONE	None	None	None	None detected					
CUSTODY RECORD PREPARED BY								DATE	
SIGNATURE & TITLE <i>Carmen Janner-Sec</i>								01-19-23	
DISPOSITION OF ANIMAL								DATE	
[REDACTED]								1-24-23	

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  
 Disposition — Health OK Gets along well with other pets NO  
 Did you contact another shelter about this animal? NO Why did they decline to accept? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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



Signature \_\_\_\_\_

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> <i>This form includes all mandated information as required by §3.1-796.105.B of the Code of Virginia.</i>
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CASE NO.	32267	CUSTODY DATE	1-20-23	TIME	9:56 AM	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
		<i>Seized</i>				
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION	
UNKNOWN					<i>See ACO Crowder</i>	
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
<i>Ix</i> k-q	Pit	Blk/white	F	10 wks	5 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)		
—	—	—	black	—		

CUSTODY RECORD PREPARED BY		DATE
<i>391</i>		1/20/23
SIGNATURE & TITLE		
DISPOSITION OF ANIMAL		DATE
<i>Euth</i>		1-29-23

*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 §3.1-796.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2463, P.O. Box 1163, Richmond, Virginia 23218.*

TIME	645 AM/PM	CUSTODY DATE	1-19-23	I.D. Case/No.	32268
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				Sound @ Riverside Motors	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	blk & white	F	4-6 wks	14
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	NONE	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE 					1-19-23
DISPOSITION OF ANIMAL					DATE
 Euth					2-19-23

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		9:00 AM/PM		CUSTODY DATE		1-20-23		I.D. Case/No.		32269	
REASON FOR CUSTODY (mark appropriate box)								LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS					
<input checked="" type="checkbox"/>											
OWNER'S NAME & ADDRESS (if known)						ADDITIONAL INFORMATION					
						On HI					
Telephone:											
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS			SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Feline	DMH	Black/white			F	4 mos.	3 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>A. J. Merson</i>										1-20-23	
DISPOSITION OF ANIMAL										DATE	
Adopted										1-28-23	

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) 785-2331, P.O. Box 1163, Richmond, VA 23218.

Name [REDACTED] Date 1-20-23

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

Signature [REDACTED]

Or

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

Signature \_\_\_\_\_

CUSTODY DATE		1-20-23		I.D. Case/No.		32270 32271	
FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		DAHS	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[Redacted]				[Redacted]			
Telephone: [Redacted]							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
2x feline	DSH	blk orange	M	5mths	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 det.			
CUSTODY RECORD PREPARED BY							
SIGNATURE & TITLE						1-20-23	
DISPOSITION OF ANIMAL						DATE	
[Redacted]						1-26-23	

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 \_\_\_\_\_ and I relinquish custody to the Danville Area Humane Society.

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

Or

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

Signature \_\_\_\_\_

TIME	12:20	AM/PM	CUSTODY DATE	01-20-23	I.D. Case/No.	32272
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] Halifax VA.				Chloe		
Telephone: [REDACTED]						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	G.S.	TRI	SF	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	Pinkish	None		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE Ann Turner - Sec					1-20-23	
DISPOSITION OF ANIMAL					DATE	
Euth					2-15-22	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions 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 \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter 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 ab

Signature [REDACTED]

TIME	8:34 AM PM	CUSTODY DATE	11/21/23	I.D. Case/No.	32273
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
canine	lab x	black	F	2 mths	10/15 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)	
—	—	—	—	no chip	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Rubera Puse</i>				11/21/23	
DISPOSITION OF ANIMAL				DATE	
<i>Euth</i>				11/21/23	

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 \_\_\_\_\_

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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	7:46 AM/PM	CUSTODY DATE	1/21/23	I.D. Case/No.	32274
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
Canine	german shep x	black/tan	F	5yrs	40lbs
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
—	—	—	—	no chip	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Rebecca Best</i>					1/21/23
DISPOSITION OF ANIMAL					DATE
Euth					3-10-23

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? \_\_\_\_\_

### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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	12:37 AM (PM)	CUSTODY DATE	1/21/23	I.D. Case/No.	32275
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:			name is Bentley just had baby couldn't handle both		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
canine	exhausted bully	brown/wht	M	1yr	60#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	red collar	none	
CUSTODY RECORD PREPARED BY				DATE	
Rebecca Pratt				1/21/23	
DISPOSITION OF ANIMAL				DATE	
Euth				1-26-23	

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.

**Addre** \_\_\_\_\_ **FBI** \_\_\_\_\_ **Telephone** \_\_\_\_\_

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

## STATEMENTS OF SURRENDER


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

**Signature** \_\_\_\_\_

**Or**

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

Signature \_\_\_\_\_

TIME		615 AM		CUSTODY DATE		1-21-23		I.D. Case/No.		32276	
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	Pit	brown & white		M	6yrs	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 								1-21-23			
DISPOSITION OF ANIMAL								DATE			
RTO								1-28-23			

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 \_\_\_\_\_ Lived inside/outside \_\_\_\_\_ Housebroken \_\_\_\_\_  
Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
Did you contact another shelter about this animal? \_\_\_\_\_ Why did they decline to accept? \_\_\_\_\_  
Has the animal bitten or scratched a person or animal within the past 10 days? \_\_\_\_\_

#### STATEMENTS OF SURRENDER


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

Signature  \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME		800 AM/PM		CUSTODY DATE		1-21-23		I.D. Case/No.		32277	
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	hound	tri color		M	1-2 yrs	50 #					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")											
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)			OTHER IDENTIFICATION (specify)					
NONE	NONE	NONE	black & white snake skin			NONE					
CUSTODY RECORD PREPARED BY								DATE			
SIGNATURE & TITLE 								1-21-23			
DISPOSITION OF ANIMAL								DATE			
C								BTO			
								1-27-23			

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

#### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	4:00 AM/PM	CUSTODY DATE	1-22-23	I.D. Case/No.	32278 ✓ 32279 ✓
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				X
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
From County				Drop off	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	1 - Pitx 3 - Basset Pitx	white 3 - Bunkle 3 - Tan	♀ 9F1M 1F3M	2yrs 8-9wks	50lb 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 here	none	none	none	none det	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				DATE	
J. Cettrell An				1-22-23	
DISPOSED OF ANIMAL				DATE	
1-24-23				1-24-23	

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		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	9:30 <u>AM</u> PM	CUSTODY DATE	1/22/23			I.D. Case/No.	32285		
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				
Telephone: <span style="font-size: 1.5em;">Unknown</span>					<span style="font-size: 1.5em;">has Bad Marks around neck &amp; Belly</span>				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Feline	Domestic Longhair	Black/white		M	2yrs	10lbs			
ANIMAL IDENTIFICATION (complete all that 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 <span style="font-size: 1.5em;">Savannah Jones</span>							<span style="font-size: 1.5em;">1/22/23</span>		
DISPOSITION OF ANIMAL							DATE		
<span style="font-size: 1.5em;">RTO</span>							<span style="font-size: 1.5em;">1-28-23</span>		

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

TIME		6:30 AM/PM		CUSTODY DATE		1/23/23		I.D. Case/No.		32286	
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						Has scratch on eye growls at other dogs					
Telephone:											
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
Canine	Husky	Black/White		M	3yrs	50lbs					
ANIMAL IDENTIFICATION (complete 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 det					
CUSTODY RECORD PREPARED BY										DATE	
SIGNATURE & TITLE Savannah Jones										1/23/23	
DISPOSITION OF ANIMAL										DATE	
R-T-O										1/23/23	

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 1163, Richmond, VA 23218.

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

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

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

#### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_  
 \_\_\_\_\_  
 Or

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

Signature \_\_\_\_\_

TIME	6:30 <span style="border:1px solid black; border-radius:50%; padding:2px;">AM/PM</span>	CUSTODY DATE	1/23/23		I.D. Case/No.	32287
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				gray? white male Not Fixed		
Telephone: _____						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	Domestic Short-hair	Gray/White	M	1yr	15lbs	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	Flea collar			
CUSTODY RECORD PREPARED BY					DATE	
Signature & Title Savannah Jones					1/23/23	
DISPOSITION OF ANIMAL					DATE	
Euth					2/28/23	

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 \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter 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  1/23/23  
 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	6:30 AM/PM	CUSTODY DATE	1/23/23		I.D. Case/No.	32288	
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				had a wound or abrasion/Birmingham on face			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Rodent	Mouse	Brown	M	6 mos	1#	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
none	none	none	none	none			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE Savannah Jones						1/23/23	
DISPOSITION OF ANIMAL						DATE	
Euth						1/24/23	

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

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

Or

- Signature** \_\_\_\_\_

Danville Police Department

Animal Control Unit

(434) 548-3017

ANIMAL CUSTODY RECORD

This form includes all mandated information as required by §3.1-796.105.5 of the Code of Virginia.

CASE NO. 32291  
32290 CUSTODY DATE 1-23-23 TIME 10:00 AM / PM

REASON FOR CUSTODY (mark appropriate box)

Stray	Owner Surrender	Seized	Elite Case	Transfer from other locality/facility	Other
<u>x3</u>					

LOCATION WHERE CUSTODY WAS TAKEN

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Telephone:

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
<u>x3</u> <u>Feline</u>	<u>domestic short hair</u>	<u>1 Calico 2 tort</u>	<u>X2 F</u>	<u>8 months</u>	<u>10#</u>	<u>None</u>

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

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

391

1/23/23

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 §3.1-796.105.5 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 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) 786-3483, P.O. Box 1163, Richmond, Virginia 23216.

Danville Police Department

Animal Control Unit

32292 (434) 542-3017

ANIMAL CUSTODY RECORD

This form includes all mandated information as required by §3.1-799.105.6 of the Code of Virginia.

CASE NO. 32291  
32290 CUSTODY DATE 1-23-23 TIME 10:00 AM

REASON FOR CUSTODY (mark appropriate box)

Stray	Other	Seized	Other	Other
X				

LOCATION WHERE CUSTODY WAS TAKEN

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

CITY/COUNTY LICENSE NUMBER	IMMUNIZATION TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (e.g., microchip)

CUSTODY RECEIVED BY

SIGNATURE & TITLE

DATE
1-30-23

This form may be used by animal control officers, custodians, or other representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-799.105.6 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) 786-3463, P.O. Box 1163, Richmond, Virginia 23216.

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

**ANIMAL CUSTODY RECORD**

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

CASE NO.	3 2293	CUSTODY DATE	1-23-23	TIME	11:30 AM / PM
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**REASON FOR CUSTODY (mark appropriate box)**

Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	LOCATION WHERE CUSTODY WAS TAKEN
1						[REDACTED]

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

**ADDITIONAL INFORMATION**

Telephone:

TRAP

**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Female	DSH	Calico	F	6m	5lbs	?

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

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

**CUSTODY RECORD PREPARED BY**

DATE

SIGNATURE & TITLE

391

1/23/23

**DISPOSITION OF ANIMAL**

DATE

Euth

1-31-23

*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 § 3.1-796.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2463, P.O. Box 1163, Richmond, Virginia 23218.*

TIME	12:30 AM <u>PM</u>	CUSTODY DATE	1/23/23	I.D. Case/No.	32294
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	2				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[Redacted]			"Diamond" & "Lala"		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline <sup>x2</sup>	DSH <sup>x2</sup>	gray tab <sup>(u)</sup>	Fr <sup>x2</sup>	6m <sup>x2</sup>	7 lbs <sup>x2</sup>
ANIMAL IDENTIFICATION (complete all that 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				1/23/23	
[Redacted]				DATE	
[Redacted]				2-2-23	

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 1/23/23  
 Address [Redacted] Telephone [Redacted]  
 Characteristics: Good with children N Lived Inside/Outside Housebroken Y  
 Disposition Phy Surrender Health YES Gets along well with other pets N/A  
 Did you contact another shelter about this animal? NO Why did they decline to accept? —  
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

### STATEMENTS OF SURRENDER

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

Signature [Redacted] Or

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

Signature \_\_\_\_\_

TIME	12:30 AM <input checked="" type="radio"/> PM	CUSTODY DATE	1/23/23	I.D. Case No.	32294
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	2				
OWNER'S NAME (Print Name)				1321-3V136 Piney Forest Rd	
Telephone: [REDACTED]				"Diamond" & "Lala"	
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline <sup>12</sup>	DSH <sup>12</sup>	gray & black	FX <sup>2</sup>	6m <sup>12</sup>	7 lbs <sup>12</sup>
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None Det	
SIGNATURE & TITLE				1/23/23	
[REDACTED]				1/26/23	

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: 1/23/23  
 Telephone: [REDACTED]  
 Lived With children ☒ Lived Inside/Outside Housebroken ☒  
 Disposition: [REDACTED] Health: ☒ Gets along well with other pets: ☒  
 Please inform the shelter about this animal? ☒ Why did they decline to accept? ☒  
 Has the animal bitten or scratched a person or animal within the past 10 days? ☒

### STATEMENTS OF SURRENDER

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

Signature: [REDACTED] Or

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

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

TIME	12:45 AM/PM	CUSTODY DATE	1-23-23	I.D. Case/No.	32296
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]				Hesitant for her to handle "Peanut"	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Ch. chx	Black-Tan	M	2y5	3 1/2 #
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Ann Jumper-Soc</i>					1-23-23
DISPOSITION OF ANIMAL					DATE
Euth					2-15-22

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

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

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

Characteristics: Good with children *has not* *best around* *any* Lived Inside/Outside Housebroken *yes*

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

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

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

### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature *[REDACTED]* *1/23/23*

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	12:00 AM/PM		CUSTODY DATE	11/23/23		I.D. Case No.	32297 32298		
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	[Redacted] 32299 32300 32301			
	5								
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
Telephone:					boy (14) trying to adopt dogs - do NOT adopt				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
K9XS	Pitbull XS	1x grey whx 4x p/ptx	1x F 4x M	1x 1yr 4x 3mon	1x 17lbs 4x 5lbs	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	1-001111	None Det					
SIGNATURE & TITLE								DATE	
391								1/23/23	
Euth								2-10-23	

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 [Redacted] Date 1/23/23

Address [Redacted] Telephone [Redacted]

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

Disposition Summa Health BKenny Gets along well with other pets Y

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

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

### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	12	AM/PM	CUSTODY DATE	01-23-23	I.D. Case/No.	32302
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]				MONTAGUE ST. / WALGREENS PINK POLISH-Right ON PAW		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit x	BRN-white	F	1yr.	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	Green	[REDACTED]		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE [Signature]					1-23-23	
DISPOSITION OF ANIMAL					DATE	
Euth					2-22-23	

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: [REDACTED] Date: 1/23/2023

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? \_\_\_\_\_

### 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	300 AM/PM		CUSTODY DATE		1-23-23		I.D. Case/No.		32303	
REASON FOR CUSTODY (mark appropriate box)								LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		Shelter			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION					
Telephone:					Very skinny showed up at her residence					
ANIMAL DESCRIPTION										
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
IO	Hound	Tan/White		m	5yrs	30#	n			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")										
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO		COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
none	none	none		none		none dated				
CUSTODY RECORD PREPARED BY										DATE
SIGNATURE & TITLE										1-23-23
										DISPOSITION OF ANIMAL
Euth										1-31-23

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 the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed 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: 01/23/23  
 Address: [Redacted] Providence, NC    Telephone: [Redacted]

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

### STATEMENTS OF SURRENDER

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

Signature: [Redacted]

Or

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

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

TIME	5:27	AM/PM	CUSTODY DATE		1-23-23	ID. Case/No.	32304
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]				"Charmen" Bit end of owner's finger off			
Telephone: [Redacted]				10 days Hb			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER	
Canine	Pit Mix	tiger stripe	F	1 year	30 lbs	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	None	None			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE A.C. J.O. Blevins PNH 376						1-23-23	
DISPOSITION OF ANIMAL						DATE	
Euth						2-8-23	

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 1-23-23

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 S-P

Submit by Email

VDACS 03145 (Revised 7/06)

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

# ANIMAL CUSTODY RECORD

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

CASE NO. 32305

CUSTODY DATE 1-23-23

TIME 5:29 AM / PM

## REASON FOR CUSTODY (mark appropriate box)

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

## LOCATION WHERE CUSTODY WAS TAKEN

[Redacted]

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

Telephone:

## ADDITIONAL INFORMATION

Caught in trap

## ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DMH	orange	M	1 year	10 lbs	?
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	Rabies TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
none	none	none	none	none		

## CUSTODY RECORD PREPARED BY

SIGNATURE & TITLE ACO I.R. Black RPT/22

DATE

1-23-23

## DISPOSITION OF ANIMAL

Euth

DATE

1-31-23

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

TIME	9:50 AM	CUSTODY DATE	1/23/23		I.D. Case/No.	32304	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Droptail	
<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] Unknown				gray/white female puppy well nourished			
Telephone: [Redacted]							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Aussie Shepherds mix	Gray/white	F	5 weeks	5 lbs	Shp X	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
None	None	None	None				
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE Savannah Jones						1/23/23	
DISPOSITION OF ANIMAL						DATE	
Euth						1/23	

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 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 animal and I am turning custody to the Danville Area Humane Society.

Signature \_\_\_\_\_ Or \_\_\_\_\_

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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	9:50 AM <del>PM</del>	CUSTODY DATE	1/23/23	I.D. Case/No.	32307
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				Tan/White female puppy Well nurtured	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Aussie Shepherd mix	Tan/White	F	5 weeks	5 lbs
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none		
CUSTODY RECORD PREPARED BY					DATE
Signature & Title Savannah Jones					1/23/23
DISPOSITION OF ANIMAL					DATE
Euth					2/9/23

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 1183, Richmond, VA 23218.

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

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

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

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

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

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

### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	9:50 AM/PM	CUSTODY DATE	1/23/23		I.D. Case/No.	32308	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone: Unknown				Female puppy Black & white well nourished			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Aussie Shep Mix	Black & White	F	6 weeks	5 lbs	Shp	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
None	None	None	None				
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE Savannah Jones						1/23/23	
DISPOSITION OF ANIMAL						DATE	
Euth						2-9-21	

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

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

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

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

#### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	9:50 AM/PM	CUSTODY DATE	1/23/23		I.D. Case/No.	32309	
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			
Telephone: UNKNOWN				Brown male puppy Well Nourished			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Cowline	Aussie/Shep Mix	Brown	M	5 weeks	5 lbs	Sheep	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
none	none	none	none				
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>Savannah Jones</i>						1/23/23	
DISPOSITION OF ANIMAL						DATE	
DOA						2/28/23	

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 \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter 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]* 1/23/23  
 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	9:50 AM/PM	CUSTODY DATE	1/23/23	I.D. Case/No.	32310
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone: UNKNOWN					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	Domestic Shorthair	Orange tabby	M?	2 yrs	15 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 De 4	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Savannah Jones				1/23/23	
DISPOSITION OF ANIMAL				DATE	
Euth				1/31/23	

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

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

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

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

### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_ 1/23/23  
 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	12:10 AM/PM	CUSTODY DATE	01-24-23		I.D. Case/No.	3 2312	
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] 50 Boston VA [Redacted]				They had her about 1 month + tried to find owner but no luck. NO chip			
Telephone: [Redacted]							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Hound x	BRN-white Cho	M	4yrs	35#	None	
ANIMAL IDENTIFICATION (complete all that apply; or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	None	None detected			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <u>Ann Farmer - Sec</u>						01-24-23	
DISPOSITION OF ANIMAL						DATE	
Euth						1-31-23	

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 the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions 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] In Boston, VA, Telephone: [Redacted]  
 Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken NO  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets NO  
 Did you contact another shelter about this animal? \_\_\_\_\_ Why did they decline to accept? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature [Redacted]

TIME 12:14 AM/PM		DATE 1-24-23		ID Case No. 32313	
REASON FOR CUSTODY				LOCATION WHERE CUSTODY WAS TAKEN 32314	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	2				304 W James St
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[Redacted]				"missy" "Prissy"	
Telephone: [Redacted]					
ANIMAL IDENTIFICATION (specify all that apply, or indicate "none")					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
Canine X2	Pit mix X2	Blk X2	FX2	7 years X2	35 lbs X2
OTHER					
None					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	none	None	None DoA	
TO BE RECORDED BY					
SIGNATURE & TITLE Aco I.D. Black PD# 312				1-24-23	
"see ACO crowder if they try to get dogs back"				1-31-23	

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

Name: [Redacted] Date: \_\_\_\_\_

Address: [Redacted] Telephone: \_\_\_\_\_

Characteristics: Good with children NO Lived Inside Outside Housebroken no

Disposition Surrender Health old-good Gets along well with other pets NO

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

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

### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature [Redacted]

TIME	900 AM/PM	CUSTODY DATE	1-22-23	I.D. Case/No.	32324
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	
				Dogs	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
IC	DH	Tort	F	3yrs	10H
ANIMAL IDENTIFICATION (complete all that apply; or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
~	~	~	~	none detected	
CUSTODY RECORD PREPARED BY					DATE
AN					1-22-23
DISPOSITION OF ANIMAL					DATE
Euth					2-2-23

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 \_\_\_\_\_

TIME	900 AM PM		CUSTODY DATE	1-22-23		I.D. Case/No.	32325	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter DOCS		
<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:				DOCS				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
10	Pit Bull	Black		M	24 1/2	30 H	n	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)			
n	n	n	n		none detected			
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE <i>Am</i>						1-22-23		
DISPOSITION OF ANIMAL						DATE		
<i>Euth</i>						1-31-23		

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 the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to 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	3:54 AM/PM	CUSTODY DATE	1-24-23	I.D. Case/No.	32326
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone: UNKNOWN				IRAD	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DSH	gray white	F	1yr	6#
ANIMAL IDENTIFICATION (complete all that apply; or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Ann Janner-Sic				6-24-23	
DISPOSITION OF ANIMAL				DATE	
Euth				1-31-23	

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 the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian (804) 786-8489, P.O. Box 1163, Richmond, VA 23218.

Name: [REDACTED] Date: 1-24-23

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		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control <input checked="" type="checkbox"/> Pub.	
TIME	10:37 <u>AM</u> / <u>PM</u>	CUSTODY DATE	1/25/23	ID. Case/No.	32328		
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		
	✓				OR		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
				"Twister"			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
P	Chi/pity	brindle/white	M	9mo	25#		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
CUSTODY RECORD PREPARED BY					DATE		
SIGNATURE & TITLE <u>M. Stamen</u>					1/25/23		
DISPOSITION OF ANIMAL					DATE		
<u>Transfer</u>					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: [REDACTED] Date: 1-25-23

Address: [REDACTED] Telephone: [REDACTED]

Characteristics: Good with children hasn't been around Lived inside/outside Housebroken yes

Disposition Good Health Good Gets along well with other pets yes

Did you contact another shelter about this animal? yes Why did they decline to accept? Pet Center City Res

Has the animal bitten or scratched a person or animal within the past 10 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]

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

CASE NO.	32329	CUSTODY DATE	1/24/23	TIME	9:00 AM <input checked="" type="radio"/> PM
----------	-------	--------------	---------	------	---

REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Elite Case	Transfer from other locality/facility	Other	PO
<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
K-9	Lab Mix	Black/White	F	27 mos	34 lbs	2

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

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE 391	1/24/23

DISPOSITION OF ANIMAL	DATE
Euth	1/24/23

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

Danville Animal Control    Danville Area Humane Society    Pittsylvania Animal Control	
AM/PM	CUSTODY DATE
01-24-23	I.D. Case/No.
REASON FOR CUSTODY (mark appropriate box)	
Owner Surrender	Seized
Bite Case	Transfer from other locality/facility
Other	Other
LOCATION CUSTODY WAS	
Shelter	
OWNER'S NAME & ADDRESS (if known)	
Telephone: UNKNOWN	
ADDITIONAL INFORMATION	
He Brought them from Maryland he said he found them	
ANIMAL DESCRIPTION	
SPECIES	BREED
COLOR/MARKINGS	SEX
APPROX. AGE	APPROX. WEIGHT
OTHER	OTHER
32315	32318
32316	32319
32317	32320
32321	32322
32323	32324
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")	
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER
TATTOO	COLLAR (Color, type, etc.)
OTHER IDENTIFICATION (specify)	OTHER IDENTIFICATION (specify)
None	None
None	None
None	None
None	None
CUSTODY RECORD PREPARED BY	
DATE	
SIGNATURE & TITLE Ann Jaume-Sic	
01-24-23	
DISPOSITION OF ANIMAL	
DATE	
1-24-23	

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

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Character \_\_\_\_\_  
 Disposition \_\_\_\_\_  
 Did you contact another shelter about this animal? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal in the last 30 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		CUSTODY DATE		I.D. Case/No.	
6:45 AM/PM		1-25-23		32330	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
X					DAHS
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[Redacted]				Drop off	
Telephone: [Redacted]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pit Bull	Brunelle	M	4 yrs	50 lb
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	Log Chain	None det.	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE: [Signature]					1-25-23
DISPOSITION OF ANIMAL					DATE
Adopted					2-10-23

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? \_\_\_\_\_

### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

owner must talk to pauline

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

CASE NO.	32327	CUSTODY DATE	1/25/23	TIME	8:44 AM
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Elite Case	Transfer from other locality/facility	Other
1					

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
K9	Pitbull	brn/wht	M	1yr	45lbs	2

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

CUSTODY RECORD PREPARED BY	DATE
391 SIGNATURE & TITLE	1/25/23

DISPOSITION OF ANIMAL	DATE
Euth	2-8-23

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

TIME <u>12:00</u> AM/PM <u>PM</u>		CUSTODY DATE <u>1/25/23</u>		I.D. Case/No. <u>32331</u>	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	<input checked="" type="checkbox"/>				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[REDACTED]				[REDACTED]	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
<u>D</u>	<u>Lab</u>	<u>chocolate</u>	<u>M</u>	<u>1yr 5mo</u>	<u>50#</u>
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
<u>none</u>	<u>none</u>	<u>none</u>	<u>none</u>	<u>none chd</u>	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <u>m. blauen</u>					<u>1/25/23</u>
DISPOSITION OF ANIMAL					DATE
<u>Euth</u>					<u>3-24-23</u>

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

Name [REDACTED] Date 1/25/2023  
 Address [REDACTED] Telephone [REDACTED]  
 Characteristics: Good with children yes Lived Inside/Outside Housebroken All  
 Disposition Very Good Health Very Good Gets along well with other pets yes  
 Did you contact another shelter about this animal? no Why did they decline to accept? Came here first  
 Has the animal bitten or scratched a person or animal within the past 10 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 Thomas G. Smith

Department: Danville Animal Control Danville Area Humane Society Pittsylvania Animal Control Public  
 6:00 AM/PM **CUSTODY DATE** 1-25-23 I.D. Case No. 32333 32334

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
	Drop off

Telephone: \_\_\_\_\_

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
2x feline	DSH	1- gray - 1- black -	M F	9 mths 5 mths	3 lb 4 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	Red - on male pink - on female	none det

CUSTODY RECORD PREPARED BY	DATE
<u>J. C. Tuttle</u>	<u>1-26-23</u>
DISPOSITION OF ANIMAL	DATE
<u>Euth</u>	<u>2-8-23</u>

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

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

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

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

### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> <i>This form includes all mandated information as required by §3.1-796.105.B of the Code of Virginia.</i>
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CASE NO. <b>32335</b>	CUSTODY DATE <b>1-25-23</b>	TIME <b>1:56</b> AM / PM <input checked="" type="checkbox"/>
-----------------------	-----------------------------	--

REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Elite Case	Transfer from other locality/facility	Other	
<b>1</b>						

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	<b>caught in trap</b>
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
<b>feline</b>	<b>DLH</b>	<b>blk</b>	<b>F</b>	<b>1 year</b>	<b>8 lbs</b>	<b>?</b>

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

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <b>#10 I.D. Blum PA#372</b>	<b>1-21-23</b>

DISPOSITION OF ANIMAL	DATE
<b>Euth</b>	<b>1-31-23</b>

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

Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
170 AM/PM		CUSTODY DATE		1-25-23		I.D. Case/No.		32736 32337	
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
[Redacted]					Gry - did not know name Celica - did not name				
Telephone: Dry Fork VA									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
2C	DJH	Gry Celica		M F	4yr	10lb			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
None	None	None	None		None Det				
CUSTODY RECORD PREPARED BY						DATE			
Signature: [Redacted] Title: Manager						1-25-23			
DISPOSITION OF ANIMAL						DATE			
Euth						2-2-23			

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

Name: [Redacted] Date: \_\_\_\_\_

Address: [Redacted] Dry Fork VA Telephone: [Redacted]

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

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.

Signature: [Redacted]

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

CASE NO.	32338	CUSTODY DATE	1-25-23	TIME	4:31 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
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REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Elite Case	Transfer from other locality/facility	Other	Riverside dr / Barrett 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
	Running in Riverside dr
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
canine	French Bulldog	Brown	M	3 years	10 lbs	?
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	991001911316059		

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <i>Acc I.D. Black PR# 372</i>	1-25-23

DISPOSITION OF ANIMAL	DATE
<i>RTO</i>	1-25-23

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

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

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

CASE NO.	32339	CUSTODY DATE	1-25-23	TIME	5:55 AM <input checked="" type="checkbox"/> PM
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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
Stray	caught in trap
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DMH	Orange	M	2 years	20 lbs	?
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES 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. Blum RPH 572	1-25-23

DISPOSITION OF ANIMAL	DATE
Euth	1-31-23

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

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> <small>This form includes all mandated information as required by §3.1-796.105.B of the Code of Virginia.</small>
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CASE NO.	32340	CUSTODY DATE	1-25-23	TIME	5:55 AM / PM
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
1					
					338 Withers Ct

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	Siamese	Wht / blk	M	3 years	20 lbs	?

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

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE: <i>Acc F.D. [Signature] #3271</i>	1-25-23

DISPOSITION OF ANIMAL	DATE
RTO	1-27-23

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 §3.1-796.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2463, P.O. Box 1163, Richmond, Virginia 23218.

TIME	AM/PM	CUSTODY DATE		01-26-23		I.D. Case/No.	32341
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				Showed UP ON Judoor, kept HANGING AROUND			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Labx	Blk		6wks	15#	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
NONE	NONE	NONE	NONE	None Detected			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>Cenn Turner-Sec</i>						01-26-23	
DISPOSITION OF ANIMAL						DATE	
Euth						2-9-23	

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 [REDACTED] Date [REDACTED]

Address [REDACTED] Phone [REDACTED]

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside Housebroken  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter about this animal? \_\_\_\_\_ Why did they decline to accept? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the past 10 days? 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	1:15	AM/PM	CUSTODY DATE	1/26/23	ID. Case/No.	32342
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		
Debra Jones, Thomas Averett Leon				"trouble"		
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
K-9	Pitbull	blk/wht	M	8m	17lbs	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None Det		
CUSTODY RECORD PREPARED BY					DATE	
391					1/26/23	
SIGNATURE & TITLE					DATE	
Euth					1-31-23	

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 the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions 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 1/26/23

Address [REDACTED] Telephone [REDACTED]

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

Disposition Surrender Health Skinnny Gets along well with other pets Y

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

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

### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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) 548-3017**

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

CASE NO.	32343	CUSTODY DATE	1/27/23	TIME	10:00 AM
----------	-------	--------------	---------	------	----------

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
	*skinny
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
K-9	German Shep	brn/blk	F	1cm	28lbs	?
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	- None	Tinedet		

CUSTODY RECORD PREPARED BY	DATE
391	1/27/23
SIGNATURE & TITLE	

DISPOSITION OF ANIMAL	DATE
Euth	2-15-24

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 785-2483, P.O. Box 1163, Richmond, Virginia 23218.

Danville Police Department		Danville Animal Control		I.D. Case/No. 32344	
TIME	10:20 AM/PM	CUSTODY DATE		1-27-23	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
X					
OWNER'S NAME & ADDRESS (if known)				ADHS	
Telephone: [REDACTED]				Drop off	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Heeler	TRI	F	1yr.	20lb
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none det.	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>[Signature]</i>					1-27-23
DISPOSITION OF ANIMAL					DATE
Adopted					2-3-23

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 \_\_\_\_\_

Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
2:30 AM/PM		CUSTODY DATE		1-27-23		I.D. Case/No.		32345 32346	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAH S			
	✓								
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
[REDACTED]					CoCo - Brown / Blk				
					Woodrow - Gray / white				
Telephone [REDACTED]					Brow				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
G Pig	G - Pig	Brown / Blk / Gray/white		2M	1yr	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 det				
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE Mary L Burrell						1-27-23			
DISPOSITION OF ANIMAL						DATE			
with 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? 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	3:30 AM/PM	CUSTODY DATE	1-27-23	I.D. Case/No.	32347
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] Gretna, VA [Redacted] Telephone: [Redacted]					Oliver
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
K-9	LAB/mx	Brown	m	1yr	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None Det	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE May E. Burrell - Sec					1-27-23
DISPOSITION OF ANIMAL					DATE
Euth					2-15-23

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 yes Lived Inside/Outside Housebroken yes  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter about this animal? yes Why did they decline to accept? full  
 Has the animal bitten or scratched a person or animal within the past 10 days? yes post man

### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Sign \_\_\_\_\_

TIME	4:15 AM/PM	CUSTODY DATE	1-27-23	I.D. Case/No.	32348
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[REDACTED]				[REDACTED]	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Gray	M	2 yrs	10#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none det	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE May E. Baer				1-27-23	
DISPOSITION OF ANIMAL				DATE	
If you are surrendering the animal to the Danville Area Humane Society, please sign here.				1-31-23	

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

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Characteristics: Good with children \_\_\_\_\_

Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_

Disposition \_\_\_\_\_ Health \_\_\_\_\_

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

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

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

## STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

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

**ANIMAL CUSTODY RECORD**  
 This form includes all mandated information as required by  
 §3.1-796.105.5 of the Code of Virginia.

CASE NO.	32349	CUSTODY DATE	1-27-23	TIME	4:44 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
----------	-------	--------------	---------	------	---

REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Elts Case	Transfer from other locality/facility	Other	[REDACTED]
<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
	U.N. Neutered
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
Canine Bik	Pit mix	Bik	M	3 years	50 lbs	?
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	PAISED TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None		

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE Ace I.D. Black p#376	1-27-23

DISPOSITION OF ANIMAL	DATE
Euth	2-9-23

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 §3.1-796.105.5 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 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) 786-2463, P.O. Box 1163, Richmond, Virginia 23216.

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	5:40 AM/PM	CUSTODY DATE		1-27-23		I.D. Case/No.	32350		
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	D A H S			
	<input checked="" type="checkbox"/>								
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
[Redacted]					Cody				
Telephone: [Redacted]									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
K-9	Sheltie mix	Light Brown		M	1	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)			
CUSTODY RECORD PREPARED BY							DATE		
SIGNATURE & TITLE <i>Mary E. Burt</i>							1-27-23		
DISPOSITION OF ANIMAL							DATE		
Adopted							1-30-23		

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  
Disposition 7 Health \_\_\_\_\_ Gets along well with other pets 7  
Did you contact another shelter 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	8520 AM/PM	CUSTODY DATE	1-28-23	I.D. Case/No.	32351 32352
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	
Drop off.					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
37 Canine	PT mix	113 brown 113 black 1 Blackwhite	FX3	2 yrs	50#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	Blt- white - none None Det	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE In Carl KA				1-28-23.	
DISPOSITION OF ANIMAL				DATE	
				2-2-23	

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 \_\_\_\_\_

TIME	11:30 <u>AM</u> PM	CUSTODY DATE	1-28/23	I.D. Case/No.	32384
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]				up to date on shots	
Telephone [REDACTED]				Dog's name Cash.	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Pit Bull	Pitbull	White	M	2 yrs	75 lbs.
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY				DATE	
Signature & Title <u>Chi Goodma</u>				1/28/23	
DISPOSITION OF ANIMAL				DATE	
Euth				2-8-23	

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 1-28/23  
 Address [REDACTED] Telephone [REDACTED]  
 Characteristics: Good with children Maybe Lived Inside/Outside Lived Inside Housebroken yes  
 Disposition Good Health Good Gets along well with other pets yes  
 Did you contact another shelter about this animal? NO Why did they decline to accept? NO  
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

## STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature [REDACTED]

TIME	2:14	AM/PM	(A)	CUSTODY DATE	1-28-23	I.D. Case No.	32355
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	PAHS	
X							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[Redacted]				Westover Dr.			
Telephone: [Redacted]							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Pitt Shep x	Black + Brown	M	2.125	75	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 [Signature]						1-28-23	
DISPOSITION OF ANIMAL						DATE	
Euth						2-8-23	

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 \_\_\_\_\_

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

**ANIMAL CUSTODY RECORD**

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

CASE NO.	32356	CUSTODY DATE	1/29/23	TIME	6:00 AM <input checked="" type="radio"/> PM
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**REASON FOR CUSTODY (mark appropriate box)**

**LOCATION WHERE  
CUSTODY WAS TAKEN**

Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Tied on 41
1						

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

**ADDITIONAL INFORMATION**

Telephone:

See ACC  
crowder

**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	rott weiler	blk/brn	M	2 yr	55 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)
—	—	—	Premise chain	—

**CUSTODY RECORD PREPARED BY**

**DATE**

**SIGNATURE & TITLE**

391

1/29/23

**DISPOSITION OF ANIMAL**

**DATE**

RTD

2-1-23

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

TIME	12:18 AM/PM	CUSTODY DATE	01-30-23	I.D. Case/No.	32359 32360
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] 300 Boston VA. Telephone: [Redacted]				TO much - they gave away my kept 1 & mother.	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
5x Cat	Lab X	1-Brown 1-Gray 3-Black	M	7wk	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 detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <u>Ann Turner - Sec</u>				01-30-23	
DISPOSITION OF ANIMAL				DATE	
Euth				2-10-23	

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 E. Date \_\_\_\_\_

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

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

Disposition \_\_\_\_\_ Health OK Gets along well with other pets NOT SURE

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

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

### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or


- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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) 548-3017

**ANIMAL CUSTODY RECORD**

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

CASE NO.	32358	CUSTODY DATE	1-30-23	TIME	4:57 PM
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
/					
					Airport
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
			Good 6-2025		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
K-9	German shepherd	tri	F	1	30
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
3457					

CUSTODY RECORD PREPARED BY		DATE
SIGNATURE & TITLE		
A/C I.D. Black PPH#372		1-30-23

DISPOSITION OF ANIMAL	DATE
RTO	1-30-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23216.

TIME	4:16 AM/PM	CUSTODY DATE	1-30-23	I.D. Case/No.	32365
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone: unknown				hanging AROUND	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	D5H	Org. white	M	1 yr.	10 <sup>lb</sup>
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Ann Janner-Sec</i>					1-30-23
DISPOSITION OF ANIMAL					DATE
Euth					2-10-23

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: [REDACTED] Date: 1-30-23

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

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

### STATEMENTS OF SURRENDER

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

Signature: [REDACTED]

Or

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

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

TIME	1:18 AM	CUSTODY DATE	01-30-23	I.D. Case/No.	32364
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[REDACTED]				They Can't Keep Him PACO	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Beagle	TR	M	68m	
ANIMAL IDENTIFICATION (complete all that 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>				01-30-23	
DISPOSITION OF ANIMAL				DATE	
<i>Sick Euth</i>				2-15-23	

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 yes Lived Inside/Outside yes 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? N/A

### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

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

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

CASE NO.	32366	CUSTODY DATE	1-31-23	TIME	AM / PM
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REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Holland Rcd
<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
E-9	German Shepherd	Blk	M	1 yr	40#	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
N/A	N/A	N/A	N/A	N/A		

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <i>ALO I.D. Black p#372</i>	1-31-23

DISPOSITION OF ANIMAL	DATE
<i>Adopt</i>	2-21-23

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

TIME	1:59 AM/PM	CUSTODY DATE	01-31-23	I.D. Case/No.	32367
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]				Neighbor Brought her in. She Rescue From Richmond, VA.	
Telephone: 434-713-2518 - Bobby R. [REDACTED]				"Chole"	
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pit	Black-white	F	9 mos	35#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	[REDACTED]	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE Ann Turner - Sec					01-31-23
DISPOSITION OF ANIMAL					DATE
Euth					2-8-23

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 Not Sure Lived Inside/Outside Outside Housebroken Yes  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ 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 \_\_\_\_\_

Or

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

Signature \_\_\_\_\_