

TIME	12 ³⁰ AM/PM	CUSTODY DATE	06-01-23		I.D. Case/No.	33457	
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]				The Dog been At this house for About 2 mos. Now this dog doesn't get Along Long with the dog.			
Telephone: [Redacted]							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Pit/Lab	BLACK	M	6 mos	25#	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	None	None detected			
CUSTODY RECORD PREPARED BY:						DATE	
SIGNATURE & TITLE: Ann Turner-Sic						06-01-23	
DISPOSITION OF ANIMAL						DATE	
Euth						6-23-23	

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

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children _____ Lived Inside/Outside _____ Housebroken _____
 Disposition _____ Health _____ Gets along well with other pets Not other Dog
 Did you contact another shelter 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	06-01-23		ID. Case/No.	33458 33459	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter		
	X							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
[REDACTED]				She kept mother + 2				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
2F Feline	DSH	light gray	F	7wks	1 1/2	None		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)				
None	None	None	None	None detected				
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE <i>Anna Turner - Sec</i>						06-01-23		
DISPOSITION OF ANIMAL						DATE		
Euth + 2						6-7-23		

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Name _____ Date 06-01-23

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	200 AM/PM		CUSTODY DATE	6-1-23		I.D. Case/No.	33460 334618	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter 33462 33464		
<input checked="" type="checkbox"/>								
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
				Do cogs				
Telephone:								
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER		
SK	DSH	SG/Wut	3M 2F	6wks	1H	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			
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE <i>AS</i>						6-1-23		
DISPOSITION OF ANIMAL						DATE		
<i>Euth X5</i>						6-7-23		

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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	2	AM/PM	CUSTODY DATE	06-01-23	I.D. Case/No.	33465
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 can't have it said magnolia		
Telephone: [REDACTED]						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Kitten	tortoiseshell	black, tan	F	9 wks	2 lbs	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None detected		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE [Signature]					06-01-23	
DISPOSITION OF ANIMAL					DATE	
Euth					6-12-23	

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Name: [REDACTED] Date: 6-1-2023

Address: [REDACTED] Telephone: 743-241-1435

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

STATEMENTS OF SURRENDER

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

Signature: [REDACTED]

Or

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

Signature: [Signature]

TIME	4:10 AM/PM	CUSTODY DATE	06-01-23		I.D. Case No.	33466	
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]				LL want let her keep her [Redacted] Zeeey			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Malt-Yorkie Poodle	BLACK	F	3YR	7#	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	None	None detected			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>Ann Janner-SIC</i>						06-01-23	
DISPOSITION OF ANIMAL						DATE	
Adopted						6-5-23	

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Name: [Redacted] Date: _____

Address: [Redacted] Telephone: [Redacted]

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

DANVILLE AREA HUMANE SOCIETY		PUNYAWARE ANIMAL CONTROL		Public	
DATE	9:30 AM/PM	CUSTODY DATE	6-2-23	I.D. Case/No.	33468
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
✓					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Unknown				Found in engine of truck.	
Telephone: _____					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Gray tabby	♂	10 wks.	16 lb.
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Paula Dean Director</i>					6-2-23
DISPOSITION OF ANIMAL					DATE
Adopted					12-9-23

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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? 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 _____

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

Signature _____

Danville Police Department Animal Control Unit (434) 548-3017	ANIMAL CUSTODY RECORD <small>This form includes all mandated information as required by §3.1-796.105.B of the Code of Virginia.</small>
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CASE NO. <u>33469</u> <u>33470</u> <u>33471</u>	CUSTODY DATE <u>6/1/23</u>	TIME <u>6:05</u> 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	DO
4						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline ^{x4}	DSH ^{x4}	blk ^{x4}	Mx ² Fx ²	6m x 3 1yr x 1	5lbs x 3 8lbs x 1	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 <u>Ashley 391</u>	6/1/23

DISPOSITION OF ANIMAL	DATE
<u>Euthx3</u>	6-2-23

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 §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	1:30 AM/PM		CUSTODY DATE	06-01-23		I.D. Case/No.	33467
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				Hold 10 days 06-11-23			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Feline	DSH	B/K White	F	1yr.	9#	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
None	None	None	None		None detected		
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>Ann Turner - Sec</i>						06-01-23	
DISPOSITION OF ANIMAL						DATE	
Euth						6-13-23	

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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? Yes

STATEMENTS OF SURRENDER

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

Signature [REDACTED]

Or

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

Signature _____

Danville Police Department Animal Control Unit (434) 548-3017	ANIMAL CUSTODY RECORD <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.	33464 33470 33472	CUSTODY DATE	6/1/23	TIME	6:05 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
4					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
				- Friendly	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline ^{x4}	DSH ^{x4}	blk ^{x4}	Mx ² Fx ²	6m x 3 1yr x 1	5lbs x 3 8lbs x 1
OTHER					
NONE					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	NONE	

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <i>Ashley</i> 391	6/1/23

DISPOSITION OF ANIMAL	DATE
Euth 33470 33471 33472	6-7-23

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TIME		CUSTODY DATE		ID. Case/No.		LOCATION WHERE CUSTODY WAS TAKEN	
1155		6-2-23		33473 33474		DAHS	
REASON FOR CUSTODY (mark appropriate box)							
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		
<input checked="" type="checkbox"/>							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[REDACTED]				[REDACTED]			
Telephone: _____							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
2x Dog	husky x	15 to 18 colored 1 brown/white	M	5 yrs	50		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
NONE	NONE	NONE	NONE	NONE detected			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE						6-2-23	
DISPOSITION OF ANIMAL						DATE	
Euth x 2						6-9-23	

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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	11:25 AM/PM	CUSTODY DATE	6-2-2023	I.D. Case/No.	33475
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					Came into his yard.
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pit	Brown	F	1-3 yrs	45 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	Pattern	None detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE Paulette Dean Director					6-2-23
DISPOSITION OF ANIMAL					DATE
Euth					6-15-23

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 [REDACTED] Date 6-2-23
 Address [REDACTED] Telephone [REDACTED]

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

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 [REDACTED]

Danville Police Department Animal Control Unit (434) 548-3017	ANIMAL CUSTODY RECORD <i>This form includes all mandated information as required by §3.1-796.106.B of the Code of Virginia.</i>
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CASE NO.	33476 33479 33477 33478 33480	CUSTODY DATE	6-2-23	TIME	10:22 <input checked="" type="checkbox"/> AM <input 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	
5						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline x 5	DMH x 5	Blk/wht x 2	M x 2	2 weeks	0.25 lbs	None
		Blk x 3	F x 3			

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

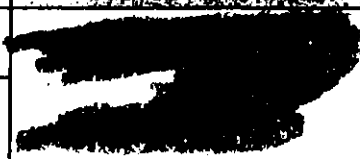
CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE	6-2-23
A/C I.D. Black PPH 372	

DISPOSITION OF ANIMAL	DATE
Euth. Sick + unweaned X5	6-2-23

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

Danville Police Department Animal Control Unit (434) 548-3017	ANIMAL CUSTODY RECORD <i>This form includes all mandated information as required by §3.1-796.106.B of the Code of Virginia.</i>
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CASE NO.	33481	CUSTODY DATE	6/1/23	TIME	6:00 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	
1						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline ^{x1}	DSH ^{x1}	gry tab	ma ^{x1}	17yrs ^{x1}	31lb ^{x1}	NONE

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

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <i>Asheedy 391</i>	6/1/23

DISPOSITION OF ANIMAL	DATE
<i>Euth</i>	6-2-23

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 §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	AM/PM	CUSTODY DATE	6-2-23		I.D. Case/No.	33482 (33483) <i>Doa</i>	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone:				Found in storm drain on Melville. Suckley.			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER	
<i>2</i> feline	DSH	Black/white grey Tabby	F M	5 wks	1 lb		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
none	none	none	none		none		
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE							
DISPOSITION OF ANIMAL						DATE	
euth						6-7-23	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 788-2483, P.O. Box 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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 3.2-6548, 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	AM/PM	CUSTODY DATE	6-2-23	ID. Case No.	33482	33482	200a
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS	
<input checked="" type="checkbox"/>							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone:				Found in storm drain on Melville. Suckly.			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
2 Feline	DH	Black/white gray tabby	F	5 wks	1 lb		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
none	none	none	none	none			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE						6-2-23	
DISPOSITION OF ANIMAL						DATE	
Euth						6-3-23	

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? 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 [Signature]

Or

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

Signature _____

TIME	1:25 AM/PM	CUSTODY DATE	6-2-23	ID. Case/No.	33484	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
X					DASH	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Adrian ST.				Sewer - Sick - possible Ringworm		
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit	Brown	M	3mths	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 Linda Cottrell				6-2-23		
DISPOSITION OF ANIMAL				DATE		
Euth				6-8-23		

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

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	1 45 AM/PM	CUSTODY DATE	6-2-23	I.D. Case/No.	35485
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:				[REDACTED]	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Calico	F	1y	6
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None Dot.	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Mary E. Burchett</i>				6-2-23	
DISPOSITION OF ANIMAL				DATE	
Euth				6-12-23	

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

Name: [REDACTED] Date: 5-2-2023
 Address: [REDACTED] Eden, NC Telephone: [REDACTED]
 Characteristics: Good with children yes Lived Inside/Outside Inside Housebroken yes
 Disposition ✓ Health yes Gets along well with other pets no
 Did you contact another shelter about this animal? _____ Why did they decline to accept? _____
 Has the animal bitten or scratched a person or animal within the past 10 days? no

STATEMENTS OF SURRENDER

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

Signature /

Or

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

Signature [REDACTED]

Danville Police Department Animal Control Unit (434) 548-3017	ANIMAL CUSTODY RECORD <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.	33486	CUSTODY DATE	6-2-23	TIME	2:45 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 Impounded	Bite Case	Transfer from other locality/facility	Other	w Main St
		1				

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	★ Must speak to ACO Black ★
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit mix	grey/blk	M	2 years	40 lbs	none
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	wht/grey	None		

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <i>ACO I.D. Black PD #772</i>	6-2-23

DISPOSITION OF ANIMAL	DATE
Euth	6-27-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §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	5:15 AM/PM	CUSTODY DATE	6-2-23	I.D. Case/No.	33487 33489
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 ADDRESS (if known)				ADDITIONAL INFORMATION	
[REDACTED]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
3x feline	DSH	2m tabby Fuddy	2M F	4wks.	1#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	not detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Mary E. Bunt				6-2-23	
DISPOSITION OF ANIMAL				DATE	
Euth				6-7-23	

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

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.	33490	CUSTODY DATE	6/2/23	TIME	6:00 AM <input checked="" type="radio"/> PM
-----------------	-------	---------------------	--------	-------------	---

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

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	see crowder A+AMC Hit by car
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
K9	Pit	gry	F	4m	20lbs	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	blk/pink	NONE

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <i>[Signature]</i> 391	6/2/23

DISPOSITION OF ANIMAL	DATE
Euth	6-2-23

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

TIME	10 20 AM/PM	CUSTODY DATE	6-3-23		I.D. Case/No.	33491	
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			
				in Drop off			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Pit	Tan/white	M	1 yr.	45#	friendly	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
none	none	none	Choker/Blue cable Broken		none det -		
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE						6-3-23	
DISPOSITION OF ANIMAL						DATE	
Euth						6-23-23	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 788-2483, P.O. Box 1183, Richmond, VA 23218.

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

STATEMENTS OF SURRENDER

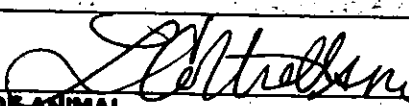
I do not own the above described animal and I relinquish custody to the Danville Area Humane Society.

Signature _____

Or

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

Signature _____

TIME	6:50 AM PM	CUSTODY DATE	6-3-23		LD. Case/No.	33492
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		
				in Drop off		
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit	Dark Brown	M	3 yrs	50#	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)	
none	none	none	none		none chd	
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE 					6-3-23	
DISPOSITION OF ANIMAL					DATE	
Euth					6-9-23	

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 _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	3:30 AM/PM		CUSTODY DATE	6-3-23		I.D. Case/No.	33493		
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS			
	X								
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
[REDACTED]					To Be euth for owner				
					Breast Cancer				
Telephone:									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Canine				F	14 1/2 yrs				
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
None	None	None	None		None dog				
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE						DISPOSITION OF ANIMAL			
						DATE			
Euth. for owner						AC		6-3-23	

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 1463, 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 above-described animal back.

Signature [REDACTED]

TIME	12:13 AM/PM	CUSTODY DATE	6-3-23	I.D. Case/No.	33494
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]					Fleas
Telephone:					asriel
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DH	SP/white	M	2yrs.	10#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					6-3-23
DISPOSITION OF ANIMAL					DATE
Euth					6-7-23

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

Name: [Redacted] Date: 6-3-23

Address: [Redacted] Telephone: [Redacted]

Characteristics: Good with children yes Lived Inside Outside Housebroken yes

Disposition loving Health good Gets along well with other pets dogs

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

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

STATEMENTS OF SURRENDER

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

Signature: [Redacted]

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6548, 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]

1:15 AM/PM		CUSTODY DATE		6-3-23		I.D. Case/No.		33495	
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				
					Chases into Fences - Killed Goats Bebe				
Telephone:									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Canine	Border collie	White/Black	F	7mths	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>Linda Cottrell</i>							6-3-23		
DISPOSITION OF ANIMAL							DATE		
Euth							6-15-23		

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 [REDACTED] Date 6-3-23

Address [REDACTED] Telephone [REDACTED]

Characteristics: Good with children Yes Lived Inside Outside Housebroken

Disposition Good Health Good Gets along well with other pets Except Goat

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

X Signature [REDACTED]

Danville Police Department

Danville Animal Control

Danville Area Humane Society

Pittsylvania Animal Control

Public

TIME	2	AM/PM	CUSTODY DATE	6-3-23	I.D. Case/No.	33496
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	X				DAAS	
OWNER'S ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]				Pregnant Feral		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Alone	DSH	White/Grey	F	1 yr	15#	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
none	none	none	none	not detailed.		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE [Signature] LA					6-3-23	
DISPOSITION OF ANIMAL					DATE	
Euth					6-9-24	

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	2:00 AM/PM	CUSTODY DATE	6/3/23	I.D. Case/No.	33497	Adopted	6-26-23		
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"/>	<input checked="" type="checkbox"/>								
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION					
[Redacted]				Two dogs surrendered best friend passed away left with her.					
Telephone: [Redacted]									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
2f Canine	1/2 terrier mix 1/2 chi mix	black/white	F	2yr	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	none	none detected					
CUSTODY RECORD PREPARED BY								DATE	
SIGNATURE & TITLE [Signature]								6/3/23	
DISPOSITION OF ANIMAL								DATE	
Adopted								6-26-23	

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: [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	2:00 AM/PM	CUSTODY DATE	6/3/23		I.D. Case/No.	33498	
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"/>	<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]				Two dogs surrendered best friend passed away left with her.			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
24 Canine	Terrier mix Pchi mix	tan/white	F	2yr	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	None	None Detected			
CUSTODY RECORD PREPARED BY						DATE	
[Signature]						6/3/23	
DISPOSITION OF ANIMAL						DATE	
Adopted						6-26-23	

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 _____

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

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	2:45 AM/PM		CUSTODY DATE	6-3-23		ID. Case/No.	33499		
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				
Found North Main									
Telephone:									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Feline	Dsh	distort	F	2 1/2	4#				
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
none	none	none	none		none				
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE						6-3-23			
DISPOSITION OF ANIMAL						DATE			
Euth						6-12-23			

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	8:15 AM/PM	CUSTODY DATE	6/4/23	I.D. Case/No.	33500
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				Female husky one blue eye one brown Microchipped very Sweet	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Cat	Husky	gray/white/ tan	F	1yr	20lbs
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None		light Blue		
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				6/4/23	
DISPOSITION OF ANIMAL				DATE	
RTO				6-5-23	

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____ Or _____

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

Signature _____

5-17-23

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.	33501	CUSTODY DATE	6/5/23	TIME	1:49 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	ST dmmonds
1						


OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
Telephone:	AT AMC - Dog Fight @ See ACO

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
K9	Pit	Tan	F	3yrs	45lbs	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
Ashley 391	6/6/23
SIGNATURE & TITLE	

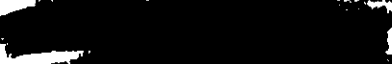
DISPOSITION OF ANIMAL	DATE
Euth	6-21-23

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	6:56	AM/PM	CUSTODY DATE	6-4-23	I.D. Case/No.	33502 33503
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"/>				Shelton	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Airport dr area						
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Dog	terrier x	black & tan	Male	7-10	10#	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None detected		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE 					6-4-23	
DISPOSITION OF ANIMAL					DATE	
euthx 2					6-6-23	

2x

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

Name:  Date: 6/4/23

Address:  Telephone: 434-250-0325

Characteristics: Good with children _____ Lived Inside/Outside _____ Housebroken _____
 Disposition _____ Health _____ Gets along well with other pets _____
 Did you contact another shelter about this animal? _____ Why did they decline to accept? _____
 Has the animal bitten or scratched a person or animal within the past 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	AM/PM	CUSTODY DATE		6-4-23		I.D. Case/No.	33504	
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				
Airport str Area									
Telephone:									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Cat	D.H	gray tabby		N/A	1-3	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 							6-4-23		
DISPOSITION OF ANIMAL							DATE		
Euth							6-12-23		

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 6/4/23

Address  Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

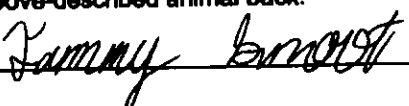
STATEMENTS OF SURRENDER

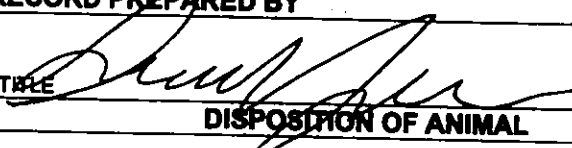
I do not own the above described animal and I relinquish custody to the Danville Area Humane Society.

Signature _____

Or

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

Signature  _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	7:30 AM (PM)		CUSTODY DATE	6/3/23		I.D. Case/No.	33505		
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Dropoff			
<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					male 6 months pit puppy light Brindle color not fixed very sweet				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Canine	Pitbull	light Brindle		M	6 months	10 lbs	new		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
none	none	none	none		none detected				
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE 						6/3/23			
DISPOSITION OF ANIMAL						DATE			
Euth						6-23-23			

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature 

Or

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

Signature _____

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

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

CASE NO.	33506	CUSTODY DATE	6/5/23	TIME	10:00 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
1					

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

UNKNOWN

see crowder

Telephone:

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
K9	Pit	blk	F	6m	20lbs	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

Crowder 391

6/5/23

DISPOSITION OF ANIMAL**DATE**

Euth

6-11-23

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.

TIME	11:45 AM/PM	CUSTODY DATE	06-05-23	I.D. Case/No.	33508	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	X					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]				[REDACTED]		
Telephone: [REDACTED]				[REDACTED]		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Husky	Black/white	SF	1 yr.	20#	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	[REDACTED]		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE: <u>Anna Farmer-Sa</u>					06-05-23	
DISPOSITION OF ANIMAL					DATE	
Euth					6-5-23	

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	3:31	AM/PM	CUSTODY DATE	06-05-23		ID. Case/No.	33507		
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								
ADDRESS (if known)						ADDITIONAL INFORMATION			
[REDACTED]						LL said Can't Keep him midnight			
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Feline	DISH	Black		M	9WK	2#	None		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
None	None	None	None		None detected				
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE Ann Janner - Sec						06-05-23			
DISPOSITION OF ANIMAL						DATE			
Euth						6-9-23			

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 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? 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	AM/PM	CUSTODY DATE	06-05-23		I.D. Case/No.	33509	
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: unknown							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Feline	DSH	Orange	M	18wk	9#	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	None	None detected			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>Ann Turner-Sec</i>						06-05-23	
DISPOSITION OF ANIMAL						DATE	
Euth						6-12-23	

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) 796-2483, P.O. Box 1183, Richmond, VA 23218.

Name: [REDACTED] Date: 06-05-23

Address: [REDACTED] Telephone: 434-228-5555

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

STATEMENTS OF SURRENDER

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

Signature: [REDACTED]

Or

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

Signature: _____

Danville Police Department Animal Control Unit (434) 548-3017				ANIMAL CUSTODY RECORD <small>This form includes all information as required by §3.1-796.105.8 of the Code of Virginia.</small>			
CASE NO.	33510 33511 33512	CUSTODY DATE	6-5-23	TIME	7:39 AM <input checked="" type="checkbox"/> PM		
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS PLACED			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		
3					New St		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
				orange - Mom ↑ F orange/grey - kittens ↑ ↑ M F			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT		
feline x3	DLH x3	orange x 2	F x 2	2 yrs	8 lbs		
		grey x 1	M x 1	6 wks	2 lbs		
OTHER							
None							
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
DO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
-	None		None				
DATE					DATE		
6-5-23					6-5-23		
DATE					DATE		
6-17-23					6-17-23		

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 §3.1-796.105.8 of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be 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 fulfills all recordkeeping information as required by §3.1-796.105.B of the Code of Virginia.

CASE NO.	33510 33512	CUSTODY DATE	6-5-23	TIME	7:39 AM / PM
----------	---------------------------	--------------	--------	------	--------------

REASON FOR CUSTODY (mark appropriate box)

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

LOCATION WHERE
CUSTODY WAS TAKEN

New St

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Telephone:

orange - mom
↑
F
orange/grey - kittens
↑ ↑
M F

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline x3	DLH x3	orange x 2	F x 2	2 years	8 lbs	None
		Grey x 1	M x 1	6 wks	2 lbs	

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

DO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
-	None	None

DATE
6-5-23

DATE
7-12-22

1-F Adult
1-M lowk

ATO

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane legislators to record and maintain the information required by §3.1-796.105.B of the Code of Virginia. This record shall be maintained for least five years, and must be made available for public 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 State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

Danville Police DepartmentAnimal 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.

33510
33511
33512

CUSTODY DATE

6-5-23

TIME

7:39 AM / PM

REASON FOR CUSTODY (mark appropriate box)

Stray

Owner
Surrender

Seized

Bite Case

Transfer from
other
locality/facility

Other

LOCATION WHERE
CUSTODY WAS TAKEN

New St

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Telephone:

orange - mom
↑
F
orange/grey - kittens
↑ ↑
M P**ANIMAL DESCRIPTION**

SPECIES

BREED

COLOR/MARKINGS

SEX

APPROX.
AGEAPPROX.
WEIGHT

OTHER

feline x3

DLH x3

orange x 2

F x 2

2 years

8 lbs

Grey x 1

M x 1

6 weeks

2 lbs

None

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

CITY/COUNTY
LICENSE NUMBERRABIES TAG
NUMBER

TATOO

COLLAR
(Color, type, etc.)

OTHER IDENTIFICATION (specify)

None

None

None

None

None

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

Aco J. D. Black PD #772

6-5-23


DISPOSITION OF ANIMAL

DATE

Adopted

8-11-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.106.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	7:00 AM/PM	CUSTODY DATE	6/6/23	I.D. Case/No.	33513
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				Healthy looking, a little nervous / Shy otherwise friendly	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Beagle	Brown/Black/White	M	5yrs	40#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	none	none	none	None Detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE 					6/6/23
DISPOSITION OF ANIMAL					DATE
Euth					6-15-23

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

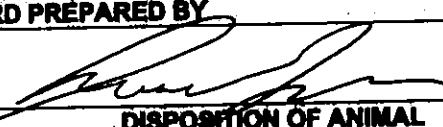
STATEMENTS OF SURRENDER

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

Signature  Or

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

Signature _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	7:00	AM/PM	CUSTODY DATE	6/6/23		I.D. Case/No.	33514		
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Drop off			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION					
Unknown				Very Skinny, Scared & growly					
Telephone:									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Canine	Lab mix	Black & white patches		M	1yr	30lb			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
none	none	none	none		none detected				
CUSTODY RECORD PREPARED BY						DATE			
 SIGNATURE & TITLE						6/6/23			
						DATE			
DISPOSITION OF ANIMAL						DATE			
Euth						6-13-23			

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 3.2-6548, 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 <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.	33515	CUSTODY DATE	6/6/23	TIME	8:30 AM PM
----------	-------	--------------	--------	------	------------

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

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	gray tab/wht	F	1yr	7lbs	NONE

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

CUSTODY RECORD PREPARED BY	DATE
Ashmuny 391	6/6/23
SIGNATURE & TITLE	

DISPOSITION OF ANIMAL	DATE
Euth	6-13-23

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 §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 <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.	33514	CUSTODY DATE	6/6/23	TIME	8:25 AM
----------	-------	--------------	--------	------	---------

REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	[REDACTED] WINDSOR ST
1						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DMH	calico	F	1yr	7lbs	NONE
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
NONE	NONE	NONE	NONE	NONE		

CUSTODY RECORD PREPARED BY	DATE
Ashley 391	6/6/23
SIGNATURE & TITLE	

DISPOSITION OF ANIMAL	DATE
Euth	6-13-23

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 §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.	33517	CUSTODY DATE	6-6-23	TIME	11:07 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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Telephone:

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DLH	orange	M	6 months	11 lbs	none

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

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

CUSTODY RECORD PREPARED BY**DATE**

SIGNATURE & TITLE

Aco E.D. Black PD#772

6-6-23

DISPOSITION OF ANIMAL**DATE**

Luth

6-6-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.105.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	11:30 AM	CUSTODY DATE	06-06-23	I.D. Case/No.	33518 33519
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]				Just have too many to keep	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
3x Feline	DLH	BLK	M	1yrs	1 1/2#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE [Signature]				06-06-23	
DISPOSITION OF ANIMAL				DATE	
Euth 3x				6-7-23	

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	12	AM/PM	CUSTODY DATE		06-06-23		ID. Case/No.	33521
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] Chatham VA Telephone: [Redacted]				Can't be on farm H&H Chicken + other animals. "Daddy"				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Canine	St. Bernard	White BRN	F	6 mos.	60#	None		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)				
None	None	None	None	None date				
CUSTODY RECORD PREPARED BY							DATE	
SIGNATURE & TITLE <i>Ann Turner - Sec</i>							06-07-23	
DISPOSITION OF ANIMAL							DATE	
Euth							7-5-23	

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Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children yes Lived Inside/Outside Housebroken yes
 Disposition Health Gets along well with other pets yes
 Did you contact another shelter about this animal? yes Why did they decline to accept? I was told to come 4 weeks from now
 Has the animal bitten or scratched a person or animal within the past 10 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 *[Signature]*

TIME	2	AM/PM	CUSTODY DATE	06-06-23	I.D. Case/No.	33522 euth 33523 euth
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
X					Shelter	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone: UNKNOWNING				Roaming AROUND		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
2x Feline	DSH	Brk / Gray	M	10 wks	1 1/2 #	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None detected		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE Ann Turner					06-06-23	
DISPOSITION OF ANIMAL					DATE	
Euth x 2					6-16-23	

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? NO

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	3:50 AM/PM	CUSTODY DATE	06-06-23			I.D. Case No.	33524 33525		
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter Euth 33522			
	X								
OWNER'S NAME & ADDRESS (if known)						ADDITIONAL INFORMATION			
[REDACTED]						ANIMAL DESCRIPTION			
						SPECIES	BREED	COLOR/MARKINGS	SEX
3x Feline	DSH	BLK GR4TAB White Script	F	9wks	#	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								06-06-23	
DISPOSITION OF ANIMAL								DATE	
Euth								6-7-23	

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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 3.2-6548, 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	9:56 AM/PM	CUSTODY DATE	6-6-23	I.D. Case/No.	33527
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	
Caught in trap.				729 Dollar General	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DSH	Black white	F	1yr	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	not detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>AKH KA</i>				6-6-23	
DISPOSITION OF ANIMAL				DATE	
<i>Euth</i>				6-6-23	

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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	9:50 AM/PM	CUSTODY DATE	6-6-23		LD. Case/No.	33528 3352	
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			
Drop off							
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
5x Canine	Sheep mix.	Black tan	1m 45	3 months	5lb		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
none	none	none	none		not detected		
CUSTODY RECORD PREPARED BY					DATE		
SIGNATURE & TITLE <i>A. Coll. K-A</i>					6-6-23		
DISPOSITION OF ANIMAL					DATE		
Euth X5					6-13-23		

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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
Animal Control Unit
(434) 548-3017

ANIMAL CUSTODY RECORD

This form includes all mandated information as required by §3.1-798.105.B of the Code of Virginia.

CASE NO.	33533	CUSTODY DATE	6/7/23	TIME	10:00 AM
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REASON FOR CUSTODY (mark appropriate box)

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

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Telephone:

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	black/whit	M	1 yr.	12 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

SIGNATURE & TITLE	DATE
<i>Adelle 391</i>	6/7/23

DISPOSITION OF ANIMAL

DISPOSITION OF ANIMAL	DATE
Euth	6-13-23

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 §3.1-798.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

Danville Police Department Animal Control Unit (434) 548-3017	ANIMAL CUSTODY RECORD <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.	33534	CUSTODY DATE	6/7/23	TIME	10:30 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	[REDACTED]
1						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	gray/wh	M	5wk	2lbs	NONE

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

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <i>Ashley 391</i>	6/7/23

DISPOSITION OF ANIMAL	DATE
Euth	6-9-23

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 §3.1-706.105.8 of the Code of Virginia.

CASE NO.	33535 33536	CUSTODY DATE	6/17/23	TIME	11:00 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
		2			
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION
[REDACTED]					Seized - COURT ACE(7) Omega(4) larger emaciated
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
K9x2	Pit1 x2 DOXCMIX	blk x2	x2 M	7x1 4x1	40lbs x1 20lbs x1
OTHER					
NONE					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	NONE	

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE Ashley 391	6/17/23

DISPOSITION OF ANIMAL	DATE
Euth	7-6-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-706.105.8 of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	1:10 AM/PM	CUSTODY DATE		06-07-23		I.D. Case No.	33537 33538		
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					Found About 1wk Ago				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
34 Seline	DSH	gray + Abby		M	7 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 detected				
CUSTODY RECORD PREPARED BY							DATE		
SIGNATURE & TITLE Ann Turner - Sec							06-07-23		
DISPOSITION OF ANIMAL							DATE		
							1-11-24		

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Name: [Redacted] Date: 06-07-23
Address: [Redacted] Collinsville 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	1:10 AM/PM	CUSTODY DATE	06-07-23	ID. Case/No.	33537 33538	eth
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
X						Shelter
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone: Unknown				Sound About 1wk Ago		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
Seline	DSH	gray-tabby	M	7 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 detected		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE Ann Turner - Soc					06-07-23	
DISPOSITION OF ANIMAL					DATE	
uth					8-16-23	

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Name: [Redacted] Date: 06-07-23

Address: [Redacted] Collinsville 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 3.2-8548, 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	1:10 AM/PM	CUSTODY DATE	06-07-23	I.D. Case/No.	33537 33538	euth	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	335 34	
X						Shelter euth	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone: Unknown				Sound About 1wk Ago			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
34 Seline	DSH	gray-tabby	M	7 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 detected			
CUSTODY RECORD PREPARED BY					DATE		
SIGNATURE & TITLE Ann Luma - Soc					06-07-23		
DISPOSITION OF ANIMAL					DATE		
Euth					9-13-23		

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 06-07-23

Address _____ Collinsville Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6548, 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	3 PM	AM/PM	CUSTODY DATE	06-07-23	I.D. Case No.	33540	33541
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	33542	
	X					Shelter	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[Redacted]				She Can't Keep these NO longer She got 3 more to bring			
Telephone: [Redacted]							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
3x Seline	DSTH	F Bk/Grey	IF	1yr	10#	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	None	None - I started			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE Anna Turner - Sec						06-07-23	
DISPOSITION OF ANIMAL						DATE	
Euth						0-12-23	

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

Name [Redacted] Date 6-7-23

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? 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, the undersigned, am the owner of the above-described animal and I relinquish custody to the Danville Area Humane Society.

Or

I, the undersigned, am the owner of the above-described animal, and I surrender all property rights in such animal. I acknowledge the animal may be immediately adopted or placed in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When the Danville Area Humane Society will keep owner-released animals for 24 hours before being adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I am required to follow the adoption policies and procedures if I decide I want the animal back.

[Signature]

Danville Police Department Animal Control Unit (434) 548-3017	ANIMAL CUSTODY RECORD <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.	33543	CUSTODY DATE	6/8/23	TIME	9:00 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)					Edmonds ST
ADDITIONAL INFORMATION					
Telephone:					TRAP
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Kelme	DSH	blk	F	1	5lbs
OTHER					
NONE					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	NONE	

CUSTODY RECORD PREPARED BY	DATE
Armany 391	6/8/23
SIGNATURE & TITLE	

DISPOSITION OF ANIMAL	DATE
Euth	6-15-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.105.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>3 PM</u> <u>AM/PM</u>	CUSTODY DATE <u>06-07-23</u>		I.D. Case No. <u>33540</u> <u>33541</u>	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN <u>33542</u>
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility
	<u>X</u>			
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION
[Redacted]				<u>She Can't Keep these no longer</u> <u>She got 3 more to bring</u>
ANIMAL DESCRIPTION				
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE
<u>3x Feline</u>	<u>DSH</u>	<u>Black/Grey</u>	<u>Male</u>	<u>1yr.</u>
		<u>Calico / Black/Grey</u>		<u>4 mos</u>
				<u>6#</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 Selected</u>
CUSTODY RECORD PREPARED BY				DATE
SIGNATURE & TITLE <u>Anne Turner-Ser</u>				<u>06-07-23</u>
DISPOSITION OF ANIMAL				DATE
<u>Euth</u>				<u>6-9-23</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 6-7-23
 Address [Redacted] Telephone 434-441-8838
 Characteristics: Good with children Lived Inside/Outside Housebroken
 Disposition Health Gets along well with other pets
 Did you contact another shelter about this animal? NO Why did they decline to accept?
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature [Redacted]

TIME	11:30 AM/PM	CUSTODY DATE	06-08-23	I.D. Case/No.	335-45 335-46
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[REDACTED]				She keeping mama these are babies she feeds them all	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2x Feline	DSH	OR 9x2	M F	6 wks	1 1/2 #
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE Ann Turner - Sec x2					06-08-23
DISPOSITION OF ANIMAL					DATE
Euth					6-16-23

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 434-793-6472

Characteristics: Good with children ☒ Lived Inside/Outside ☒ Housebroken ☒ Yes & No

Disposition ☒ Health ☒ Gets along well with other pets ☒ Yes

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

Danville Police Department Animal Control Unit (434) 548-3017	ANIMAL CUSTODY RECORD <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.	33547	CUSTODY DATE	6/8/23	TIME	11:45 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	
1					Monument ST	

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
K9	Lab Mix	blk	M	5yrs	25lbs	NONE

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

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE Ashley 391	6/8/23

DISPOSITION OF ANIMAL	DATE
Euth	6-21-23

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	1:25 AM/PM	CUSTODY DATE	06-08-23	I.D. Case/No.	33548 33549	Public	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelters	
	X					33550 33551 ADOPT	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[Redacted]				Can't keep these no longer			
Telephone: [Redacted]							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
4y Selim	DSH	gray - Tort Siamese - BIK	2F 2m	8wks	1#	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	None	None detected			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE						DATE	
[Signature: Anna J. Turner - Sec]						06-08-23	
DISPOSITION OF ANIMAL						DATE	
Adopted Euth						6-20-22	

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 _____ Lived Inside/Outside _____ Housebroken _____

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	1:25 AM/PM	CUSTODY DATE		06-08-23		I.D. Case/No.	33548 33549		
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelters 3355			
OWNER'S NAME & ADDRESS (if known)						ADDITIONAL INFORMATION			
[Redacted]						Can't keep these no longer			
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX AGE	APPROX WEIGHT	OTHER		
4y Selin	DSH	gray - Tort Silver - BIK		2F 2m	8wks	1#	None		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO		COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)			
None	None	None		None		None detected			
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE						DATE			
[Signature: Anna Zumer-Sac]						06-08-23			
DISPOSITION OF ANIMAL						DATE			
Euth						6-20-23			

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to 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 3.2-6548, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before adopting them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

Signature _____

TIME	1:25 AM/PM	CUSTODY DATE	06-08-23		LD. Case No.	33549
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	33550 33551 Shelters
	X					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[Redacted]				Can't keep these no longer		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
44 Selin	DSH	gray - Tort Sinner - BLK	2F 2m	8wks	1#	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None detected		
CUSTODY RECORD PREPARED BY						DATE
SIGNATURE & TITLE Ann Turner - Sec						06-08-23
DISPOSITION OF ANIMAL						DATE
Adopted						6.16.23

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? NO

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	1:25 AM/PM	CUSTODY DATE		06-08-23		I.D. Case/No.	33548	33549	with
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	33550 33551 Shelters ADOPT			
OWNER'S NAME & ADDRESS (if known)						ADDITIONAL INFORMATION			
[Redacted]						Can't keep these no longer			
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
4y Selim	DSH	gray - Tort Siamese - BLK		2F 2m	8wks	1#	None		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO		COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)			
None	None	None		None		None detected			
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE Ann Turner - Sec						06-08-23			
DISPOSITION OF ANIMAL						DATE			
ADOPTED						8-18-23			

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? NO

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature [Redacted] _____

TIME	1:25 AM/PM	CUSTODY DATE	06-08-23	I.D. Case/No.	33548 33549	PUBLIC	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelters	
	X					33550 33551 ADOPT	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[Redacted]				Can't keep these no longer			
Telephone [Redacted]							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
4y Selin	DSH	gray-Tort Silver-BLK	2F 2m	8wks	1#	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	None	None detected			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE Ann Turner-Soc						06-08-23	
DISPOSITION OF ANIMAL						DATE	
Adopted						8-18-23	

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? NO

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

Danville Police Department Animal Control Unit (434) 548-3017	ANIMAL CUSTODY RECORD <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.	33552	CUSTODY DATE	6/8/23	TIME	2:00 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	
1						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	gray	M	8wks	11bs	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 Ashley 391	6/8/23

DISPOSITION OF ANIMAL	DATE
Euth	6-15-23

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

TIME	5:45 AM/PM	CUSTODY DATE	6-8-23	ID.	33556	Case No.	33556
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			
				Found at [REDACTED]			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
2x feline	DSH	white/orange dilute tort	MA	1 yr	6 lb		
			F	1 yr	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						6-15-23	
DISPOSITION OF ANIMAL						DATE	

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

Signature: [REDACTED]

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6548, 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	5:45 AM/PM	CUSTODY DATE	6-8-23	I.D. Case/No.	33555	33556
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		
				Found at [REDACTED]		
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
2x feline	Dsth	white/orange dilute tort	AA	1yr	6#	
			F	1yr	6#	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
none	none	none	none	none det.		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>Ann Turner - Sec</i>					6-8-23	
DISPOSITION OF ANIMAL					DATE	
Euth - 33555					7-1-23	

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	3:45 AM/PM		CUSTODY DATE	06-08-23		I.D. Case/No.	33553	
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]				Lt said they couldn't keep				
508 Bastin Telephone: [Redacted]				[Redacted]				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Canine	Hound/x	BLK-BRN	F	1yr	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 Ann Turner - Sec						06-08-23		
DISPOSITION OF ANIMAL						DATE		
Euth						6-15-23		

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 1183, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	4:52 AM/PM	CUSTODY DATE	06-08-23	I.D. Case/No.	33554
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[Redacted]				Owner is Not Able to Keep this dog.	
[Redacted]				Blackie	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Puppy	Lab	Black	M	5mo	15#
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				DATE	
[Signature: Anna Turner - Sec]				06-08-23	
DISPOSITION OF ANIMAL				DATE	
Euth				6-12-23	

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	5:45 AM/PM	CUSTODY DATE	6-8-23	I.D. Case No.	33555	33556			
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					
				Found at [redacted] Tamworth Dr. CIT					
Telephone:									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
feline	Dsth	white/orange dilute TORT	AA F	1yr	6#				
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)					
none	none	none	none	none det.					
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE									
DISPOSITION OF ANIMAL						DATE			
BTC						6-15-23			

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: [redacted] Date: 6-8-23

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	645 AM/PM	CUSTODY DATE	6-9-23	I.D. Case/No.	33557
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
unknown					
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Female	DMH	black	M	12Wk	5#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	None detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE 					6-9-23
DISPOSITION OF ANIMAL					DATE
Euth					6-16-23

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 _____

645 AM/PM

CUSTODY
DATE

6-9-23

I.D.
Case/No.

33558
33559

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE
CUSTODY WAS TAKEN

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

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Unknown

Telephone:

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
2X Felino	DSH	black & white → F orange & white → M		5 wks	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

DISPOSITION OF ANIMAL

DATE

Euth X 2

6-9-23
6-20-23

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	5:40 AM/PM	CUSTODY DATE	6/8/23	I.D. Case/No.	33560				
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				
Unknown					Middle of Westover - paralyzed, pale gums, bleeding from mouth				
Telephone:									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Feline	TSH	Black	M	5 wks.	16 lb.	None			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)					
None	None	None	None	None detected					
CUSTODY RECORD PREPARED BY								DATE	
SIGNATURE & TITLE <i>Pauline Dean, Director</i>								6/8/23	
DISPOSITION OF ANIMAL								DATE	
Euth								6-9-23	

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: 6/8/23
 Address: [REDACTED] Telephone: [REDACTED]

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

STATEMENTS OF SURRENDER

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

Signature: [REDACTED]

Or

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

Signature: _____

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

CASE NO.		CUSTODY DATE	6/8/23	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	Diagon ST
#1						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
K9	hound	brindle	M	4yrs	30lbs	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 Ashley 391	6/8/23

DISPOSITION OF ANIMAL	DATE
RTO	6-8-23

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	10:45 AM/PM	CUSTODY DATE	6-9-23	I.D. Case/No.	33561
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
Feline	DSH	BIK	F	6w	2
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None det-	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>May Bunch</i>					6-9-23
DISPOSITION OF ANIMAL					DATE
Euth					6-9-23

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	8:47 AM/PM	CUSTODY DATE	6/9/23	I.D. No.	33562	Public Case No.	33565
REASON FOR CUSTODY (mark appropriate <input checked="" type="checkbox"/>)						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:				Guinea Pig			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
guinea pig		gray/white	2F	14 3-4 months	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 <i>Rebecca Rite</i>				6/9/23			
DISPOSITION OF ANIMAL				DATE			
<i>Euth 33562 6-16-23</i>				6/9/23			

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) 788-2483, P.O. Box 1163, Richmond, VA 23263.

Name [REDACTED] Date 6/9/23

Address [REDACTED]

Characteristics: Good with child
 Disposition [REDACTED] Health [REDACTED]
 Did you contact another shelter at [REDACTED]
 Has the animal bitten or scratched [REDACTED]

oken [REDACTED]
 Her pets [REDACTED]
 accept? [REDACTED]

I do not own the above described animal.

Signature [REDACTED]

ine Society.

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

Signature [REDACTED]

TIME	8:47 (AM/PM)	CUSTODY DATE	6/9/23	I.D. Case #	33562 (33565)
REASON FOR CUSTODY (mark appropriate: <input checked="" type="checkbox"/>)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	<input checked="" type="checkbox"/>				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
guinea pig					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Rebecca R. R.</i>				6/9/23	
DISPOSITION OF ANIMAL				DATE	
				8-9-	

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

Name [REDACTED] Date 6/9/23

Address [REDACTED]

Characteristics: Good with child
Disposition [REDACTED] Health [REDACTED]
Did you contact another shelter at [REDACTED]
Has the animal bitten or scratched [REDACTED]

brown/blc - female (1yr)
wht. - brown - boy (3-4 mths)
grey - boy (?) (3-4 mths)
brown/blc/wht - girl (3-4 mths)

one [REDACTED]
oken [REDACTED]
her pets [REDACTED]
except? [REDACTED]

I do not own the above described animal.

Signature [REDACTED]

ine Society.

- I am the rightful owner of the above-
No other person has a right of property.
I authorize or disposed of in accordance with the Code of Virginia, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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.

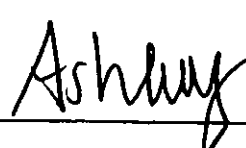
CASE NO.	33566	CUSTODY DATE	6/9/23	TIME	11:40 AM PM
----------	-------	--------------	--------	------	-------------

REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	 Reuben Cr1
1						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	gry tab	M	1yr	5lbs	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  391	6/9/23

DISPOSITION OF ANIMAL	DATE
Euth	6-15-23

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

TIME	12:30 AM/PM	CUSTODY DATE	6-9-23	I.D. Case/No.	33567
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)				ADHS	
[REDACTED]				[REDACTED]	
Telephone: [REDACTED]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Blk/wh. t	F	1	6
OTHER: None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None det	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE Mary E. Burnett					6-9-23
DISPOSITION OF ANIMAL					DATE
Euth					6-15-23

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

33568

Police Department Danville Animal Control Danville Area Humane Society
 12:45 AM/PM 6/9/23
 33569
 33568

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

Telephone:

ADDITIONAL INFORMATION

SPECIES

BREED

DESCRIPTION

COLOR/MARKINGS

SEX

APPROX. AGE

APPROX. WEIGHT

OTHER

CITY/COUNTY LICENSE NUMBER

RABIES TAG NUMBER

TATTOO

COLLAR (Color, type, etc.)

OTHER IDENTIFICATION (specify)

CITY/COUNTY LICENSE NUMBER

RABIES TAG NUMBER

TATTOO

COLLAR (Color, type, etc.)

OTHER IDENTIFICATION (specify)

SIGNATURE & TITLE

Ashley 391
Euth

None

6/9/23

6-15-23

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

Characteristics: Good with children
 Health: good
 Lived inside/outside: Outside
 Housebroken: Yes
 Gets along well with other pets: Yes
 Why did they decline to accept? Food aggressive
 Did you contact another shelter about this animal? No
 Has the animal been bitten or scratched a person or animal within the past 10 days? Yes
 Date: 6/9/23
 Telephone: [redacted]
 Address: [redacted]

STATEMENTS OF SURRENDER

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

Or

I, the rightful owner of the above-described animal, and I surrender all property rights in such animal. If another person has a right of property in the animal, I acknowledge the animal may be immediately seized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before releasing them to be adopted. I acknowledge that may not be possible in all cases, and I acknowledge that I will be required to follow the adoption policies and procedures of the Danville Area Humane Society.

Station
Morning

Department	Danville Animal Control	Danville Area Humane Society	Pittsylvania Animal Control	Public
2:40 AM/PM	CUSTODY DATE	6-9-23	I.D. Case/No.	33570 33571 33572 33573

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

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
x5 feline	DMH	2 fort 3 grey tabby	3F 3m	3m	3lb	

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

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE Mary C. Burnett	6-9-23
DISPOSITION OF ANIMAL	DATE
Euth x5	6-16-23

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: [Redacted] Date: 6-9-23

Address: [Redacted] Telephone: [Redacted]

Characteristics: Good with children Yes Lived Inside/Outside Housebroken

Disposition Health Gets along well with other pets Yes

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

Has the animal bitten or scratched a person or animal within the past 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	3:50 AM/PM	CUSTODY DATE	6-9-23	I.D. Case/No.	33575 33576
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
2	Celine	DSH	Tort Grey Tabby	F	m
				8w	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 Det.	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Mary E. Butler				6-9-23	
DISPOSITION OF ANIMAL				DATE	
Euth X 2				6-16-23	

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.	33577	CUSTODY DATE	6-9-23	TIME	5:30 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
		1			
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION
					* Bad merge * Must speak to Aco Black * At AML
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pit mix	Wh +/bly	M	5 years	50 lbs
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None Det	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE Aco I. D. Black, #322					6-9-23
DISPOSITION OF ANIMAL					DATE
Euth					6-15-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.105.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 mandatory information as required by §3.1-796.105.B of the Code of Virginia.

CASE NO. **33579** CUSTODY DATE **6-9-23** TIME **8:17 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N Ridge St

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Telephone:

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DLH	Grey	F	6 weeks	1 lbs	na

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

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

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

Alto F.D., Black #1722

6-9-23

DISPOSITION OF ANIMAL

DATE

Adopted

6-30-23

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 mailed annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of 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 required information as required by
 §3.1-796.105.B of the Code of Virginia.

DATE **6-9-23** TIME **7:44 AM** ☒ PM

Transfer from
 other
 facility ☒ Other ☐ **269 Halifax St**
12

ADDITIONAL INFORMATION

*** Safekeeping while in hospital**

5 females 6 males - puppies

DESCRIPTION

KINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
X 1	F X 1	2 years	25 lbs	None
X 11	2 weeks X 11	2 lbs		

State all that apply, or indicate "none"

COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
Chain collar	None

DATE**SIGNATURE & TITLE**

ACP F.V. Black #224

6-9-23

DISPOSITION OF ANIMAL**DATE**

33591, 33590

DOA X 2

6-20-23

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

TIME	11:10 AM/PM	CUSTODY DATE	10-10-23	I.D. Case/No.	33578
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:				Pebble	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DH	org white	M	4y.	10#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				6-10-23	
DISPOSITION OF ANIMAL				DATE	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, 2017 E. 24th St., Box 1163, Richmond, VA 23218.

Name: [redacted] Date: JUN 10th 2023
 Address: [redacted] Telephone: (919) 491-7754
 Characteristics: Good with children ☒ Lived Inside/Outside: Housebroken ☒
 Disposition: Very friendly Health: good Gets along well with other pets: ☒
 Did you contact another shelter about this animal? ☒ Why did they decline to accept? ☒
 Has the animal bitten or scratched a person or animal within the past 10 days? ☒

STATEMENTS OF SURRENDER

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

Signature: [redacted]

Or

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

X. Signature: [redacted]

TIME	12:15 AM/PM	CUSTODY DATE	6-10-23	I.D. Case/No.	33592 33593	3359 3359 3359 3359 3359 3360
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	X					DAYS
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
2 - Female - 2 yrs 7 - Kittens 8 wks						
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
9x feline	DMH	gray/white	5F/4M	2yrs	24#	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
none	none	none	none	none det		
CUSTODY RECORD PREPARED BY						DATE
SIGNATURE & TITLE 9x Euth						6-13-23
DISPOSITION OF ANIMAL						DATE

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

Name: [REDACTED] Date: 6-10-23
 Address: [REDACTED]
 Characteristics: Good with children Good Lived Inside/Outside 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? None
 Has the animal bitten or scratched a person or animal within the past 10 days? No

STATEMENTS OF SURRENDER

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

Signature: [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: [REDACTED]

TIME	9:15 AM/PM	CUSTODY DATE	6-12-23	I.D. Case/No.	33601
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]				[REDACTED]	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DSH	Orange tabby	M	12wks	3#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	None detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE [Signature]					6-12-23
DISPOSITION OF ANIMAL					DATE
Euth					6-13-23

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 [REDACTED] Date 6/12/23

Address [REDACTED] Telephone [REDACTED]

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

STATEMENTS OF SURRENDER

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

Signature [Signature]

Or

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

Signature _____

TIME	130	AM/PM	CUSTODY DATE	06-12-23	LD. Case/No.	33602	33603	33604
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				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
3x Pit Bull	DMH	Pt Grey / OPR	F	2 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 detected				
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE Ann Turner - Soc						06-12-23		
DISPOSITION OF ANIMAL						DATE		
3x Euth						6-13-23		

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 434-314-3705
 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 _____

Or

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

Signature _____

TIME	1100 AM/PM	CUSTODY DATE	6-11-23	I.D. Case/No.	33605
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)					ADAMS
Grove Park area					City Dog tag
Telephone: [REDACTED]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
canine	Dit	tan w/white on neck	F	1-3yr	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)	
[REDACTED]	NONE	NONE	multi-colored	none detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE [Signature]					6-11-23
DISPOSITION OF ANIMAL					DATE
Euth					7-1-23

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 1183, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	3:00 AM	CUSTODY DATE	6-11-23	I.D. Case/No.	33608
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
3x Feline	DSH	Calico black & white gray tabby	F	1-2 yrs	8#
			F	12 wks	2#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	None detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				6-11-23	
DISPOSITION OF ANIMAL				DATE	
Euth Adptd				6-18-23	

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 _____

TIME	3:00 AM	CUSTODY DATE	6-11-23	ID. Case No.	33606 33607
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
X					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Unknown					
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
3x Feline	DSH	calico black & white gray tabby	F	1-2 yrs	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				6-11-23	
DISPOSITION OF ANIMAL				DATE	
2x Euth				6-20-23	

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

9:19 AM/PM

6/12/23

33609

REASON FOR CUSTODY

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

705 Lanier Ave

OWNER'S NAME & ADDRESS

ADDITIONAL INFORMATION

[Redacted]	- Mumbles & injured leg
------------	----------------------------

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
K9	husky mix	brown	M	12yr	70lbs	NONE

CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
[Redacted]	[Redacted]	NONE	blue	NONE

SIGNATURE & TITLE	6-12-23
-------------------	---------

Euth	6-16-23
------	---------

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 1183, Richmond, VA 23218.

Name [Redacted] Date 6/12/23

Address [Redacted] Telephone [Redacted]

Characteristics: Good with children N Lived inside/outside Outside Housebroken NO

Disposition Surrender Health injured Gets along well with other pets NO

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

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

STATEMENTS OF SURRENDER

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

Signature _____

or

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

11:00 AM PM		6/12/23		33610	
REASON FOR SURRENDER (Check one)					
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	1				
OWNER'S ADDRESS (if known)				ADDITIONAL INFORMATION	
				"SLIPPER"	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	Domestic Short Hair	gray/white	F	9 yrs	5 lbs
OTHER					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none	
SIGNATURE & TITLE				6/12/23	
Eu4b				6-15-23	

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 [redacted] Date 6/12/23

Address [redacted] Telephone [redacted]

Characteristics: Good with children N/A Lives Inside Outside Housebroken N/A

Disposition Sw/very health sick Gets along well with other pets N/A

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature [redacted]

TIME		CUSTODY DATE		ID. Case No.	
11:25 AM/PM		06-12-23		33611	
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]				After Ritten wing they want to adopt back mother 1 baby Bait	
ANIMAL DESCRIPTION - Born 6-10-23					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
7x7 Seline	DSTH	Calico	F	1 yr	8#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Ann Turner - Sec				06-12-23	
DISPOSITION OF ANIMAL				DATE	
CoX euth				6-26-23	

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 3.2-6548, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

Signature _____

TIME	11:35 AM/PM	CUSTODY DATE	06-12-23	I.D. Case/No.	33611 33612
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] Ridgeway VA				[Redacted]	
ANIMAL DESCRIPTION Born 6-10-23					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
7K Ferine	DSTH	Calico	F	1 yr	8#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Ann Turner - Sec				66-12-23	
DISPOSITION OF ANIMAL				DATE	
Euth				7-25-23	

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	2:35 AM/PM	CUSTODY DATE	06-12-23	I.D. Case/No.	33018
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone: UNKNOWN			STRAY		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	Dsth	ORG tabby	M	7wks	1 1/2#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE Ann Turner-Spe					06-12-23
DISPOSITION OF ANIMAL					DATE
euth					6-20-23

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Date 6/12/2023

Pelham NC

Telephone

Characteristics: Good with children lived inside Outside Housebroken yes

Disposition Health Gets along well with other pets yes

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

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

meds. for his eyes

STATEMENTS OF SURRENDER

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

Signature

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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		06-12-23		I.D. Case/No.		33619 33620	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter 33622			
	X								
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
[Redacted]									
Axtom VA. Telephone: 276-734-1001									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
4x feline	DSH	Tan white	F	3-4wk 2/6-11-23	1#	None			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
None	None	None	None		None detected				
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE <i>Anna Lume-Soc</i>						06-12-23			
DISPOSITION OF ANIMAL						DATE			
Euth x4 unweaned						6-12-23			

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 _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	2 AM/PM	CUSTODY DATE	06-12-23		I.D. Case/No.	37423
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]				Adopted Lynchburg Bite B. Karne Kane		
Telephone: [Redacted]						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	PH husky	Brindle	M	7-26-2023 11 months	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)	
	0301007118				981020002487339	
CUSTODY RECORD PREPARED BY					DATE	
X [Signature]					06-12-23	
SIGNATURE & TITLE					DATE	
DISPOSITION OF ANIMAL					DATE	
Transfer					6-14-23	

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

Name [Redacted] Date 6-12-2023

Address [Redacted] Telephone [Redacted]

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

X Signature [Redacted]

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

CASE NO.	33624	CUSTODY DATE	6-12-23	TIME	4:00 AM <input checked="" type="checkbox"/> PM
----------	-------	--------------	---------	------	--

REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Wylie Ave
<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
	Caught in trap
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	PLH	Wht/blk	F	8 months	3/65	None

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

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE Ava E. H. Black M#372	6-12-23

DISPOSITION OF ANIMAL	DATE
Euth	6-15-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.105.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 <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.	33625	CUSTODY DATE	6-12-23	TIME	4:20 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	Willic Ave
<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
	Cat in trap
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DMH	wht/blk	F	2 years	8 lbs	none

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

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <i>[Signature]</i> I. P. Black <i>[Signature]</i>	6-12-23

DISPOSITION OF ANIMAL	DATE
Euth	6-15-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.105.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.	33626	CUSTODY DATE	6-12-23	TIME	5:10 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	Wyllie Ave
<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
	Caught in trap
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DMH	Grey	F	1 year	6 lbs	none

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

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <i>ACO I.D. Black PD#722</i>	6-12-23

DISPOSITION OF ANIMAL	DATE
<i>Euth</i>	6-15-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.105.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 <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.	33627	CUSTODY DATE	6-12-23	TIME	8:04 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
	caught in trap
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DLH	Grey	M	6 weeks	1165	new

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 E. P. D. Black P#372	6-12-23

DISPOSITION OF ANIMAL	DATE

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Danville Police Department Animal Control Unit (434) 548-3017	ANIMAL CUSTODY RECORD <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.	33628	CUSTODY DATE	6-12-23	TIME	8:10 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	Drop off
	1					

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Poodle mix	wht/gray	F	6 years	15 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	Pink Harness	None

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <i>AC I. D. Black MTH 222</i>	6-12-23

DISPOSITION OF ANIMAL	DATE
Euth	6-27-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §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. 33629 CUSTODY DATE 6-12-23 TIME 9:01 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Wylie Ave

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Telephone:

caught in trap

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
<u>Feline</u>	<u>DMH</u>	<u>orange/white</u>	<u>M</u>	<u>1 year</u>	<u>8 lbs</u>	<u>None</u>

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

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

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

Aco I.D. Black JPH/77

6-12-23

DISPOSITION OF ANIMAL

DATE

Euth

6-15-23

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TIME	2:54 AM/PM	CUSTODY DATE	06-12-23	ID. Case/No.	33990
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				Power sign - Roaring in Road	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Collie	Tan-white	M	1yr	25#
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Ann Janner - Sec</i>					06-12-23
DISPOSITION OF ANIMAL					DATE
euth					8-1-23

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

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

Address: [REDACTED] Telephone: [REDACTED]

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

STATEMENTS OF SURRENDER

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

Signature: [REDACTED]

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-8548, 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 _____

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

ANIMAL CUSTODY RECORD

This form includes all mandated information as required by §3.1-706.105.B of the Code of Virginia.

CASE NO.	33630	CUSTODY DATE	6/13/23	TIME	10:00 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
1					
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION
					TRAP
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Black	F	14 mos 1 yr	7 lbs
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	NONE	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE Ashley Crowder 391					6/13/23
DISPOSITION OF ANIMAL					DATE
Euth					6-15-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-706.105.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 DepartmentAnimal 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.	33631	CUSTODY DATE	6/13/23	TIME	10:00 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	[REDACTED] Reuben CT
1						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	gray tab	M	1yr	8lbs	NONE

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

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE Ashley Crowder 391	6/13/23

DISPOSITION OF ANIMAL	DATE
Euth	6-15-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.105.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
13:30 AM/PM	CUSTODY DATE	06-13-23	I.D. Case/No.	33632 33633

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	Roaming 3 or 4 days
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ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
24 Canine	Pit	BROWN BIK-BRY	Fm	4545	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 Det

CUSTODY RECORD PREPARED BY
DATE

SIGNATURE & TITLE	Ann Janner-Sec	06-13-23
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DISPOSITION OF ANIMAL
DATE

Euth	6-23-23
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Name: [REDACTED] Date: 06-13-23

Address: [REDACTED] Telephone: [REDACTED]

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

STATEMENTS OF SURRENDER

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

Signature: [REDACTED]

Or

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

Signature: _____

4:15 AM/PM CUSTODY DATE 06-13-23 I.D. Case/No. 33434 33635

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
24 Canine	Shepherd	Blk white BRN white	M-Lincoln 7 mos. F-Brk			None

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

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE Ann Farmer Sec	06-13-24
DISPOSITION OF ANIMAL	DATE
Euth	6-21-23

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

STATEMENTS OF SURRENDER

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

Signature _____


Or

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

Signature _____

Danville Police Department Animal Control Unit (434) 548-3017	ANIMAL CUSTODY RECORD <i>This form includes all mandated information as required by 53.1-796.105.B of the Code of Virginia.</i>
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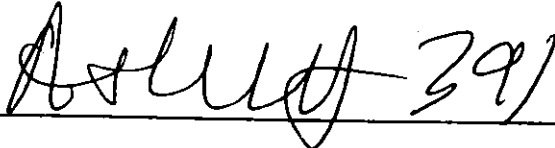
CASE NO.	33636	CUSTODY DATE	6/13/23	TIME	7:30 AM <input checked="" type="radio"/> PM
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REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	 Reuben CRT
1						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Refine	DSH	gry	M	6wks	11bs	none

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

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE 	6/13/23

DISPOSITION OF ANIMAL	DATE
Euth	6-23-23

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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.	33637	CUSTODY DATE	6-14-23	TIME	9:45 AM/PM
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
1					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
				Caught in my	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DLH	Grey	F	4 months	0.5 lb
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE A.C. I.P. Black P.H. 7/7					6-14-23
DISPOSITION OF ANIMAL					DATE
Euth					6-20-23

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

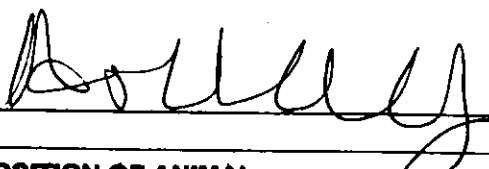
ANIMAL CUSTODY RECORD

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

CASE NO.	33639 33638	CUSTODY DATE	6/13/23	TIME	7:30 AM PM	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	2					
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION	
					big dog [REDACTED]	
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
K9 X2	1. boxer mix 2. Pitbull	1. brn/wht 2. brindle	M x 2	1. 4 yrs 2. 4m	1. 70 lbs 2. 30 lbs	NONE
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
NONE	NONE	NONE	1. collar-green 2. —	NAME		

CUSTODY RECORD PREPARED BY	DATE
<i>[Signature]</i>	6/13/23
DISPOSITION OF ANIMAL	DATE
Adopted	6-14-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §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 <i>This form includes all mandated information as required by §3.1-796.105.B of the Code of Virginia.</i>			
CASE NO. <u>33638</u>		CUSTODY DATE <u>6/13/23</u>		TIME <u>7:30</u> <u>AM</u> / PM			
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DO	
	2						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
				big dog is not BRN-friendly			
Telephone: _____							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
K9 X2 Adopted	1. boxer MIX	1. brn / wht	M	x 2 1.5 yrs	1. 70 lbs	NONE	
	2. pitbull	2. brindle		2. 3m	2. 30 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	1. collar-green 2. _____		NONE		
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE 						6/13/23	
DISPOSITION OF ANIMAL						DATE	
Euth <u>33638</u>						6-22-23	

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 §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.

CUSTODY DATE

6-14-23

I.D. Case/No.

33640
33641

FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

33642
33643

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

Shelter

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Telephone: Unknown

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Shepherd X	Tan & white - 1 - F Brown x 2 - F Tricolor - 1 - M	3 - F 1 - M	6-8 wks	2#	None

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

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

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

[Signature]

6-14-23

DISPOSITION OF ANIMAL

DATE

Euth x 4

6-14-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to 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	11:07 AM/PM	CUSTODY DATE	06-14-23	I.D. Case/No.	3364W
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
X					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone: unknown				TRAPPING	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DSH	gray tabby	F	6 mos.	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 Anne Janner-See				06-14-23	
DISPOSITION OF ANIMAL				DATE	
Euth				6-25-23	

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

Name _____ Date 06-14-23

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

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

ANIMAL CUSTODY RECORD

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

CASE NO.	33645	CUSTODY DATE	6-14-23	TIME	11:09 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
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REASON FOR CUSTODY (mark appropriate box)

Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	REASON FOR CUSTODY
		1				W main ST

OWNER'S NAME & ADDRESS (if known)

unknown

ADDITIONAL INFORMATION

is interested in
adopting
★ 17-12 for court

Telephone:

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit mix	light brown	M	1 year	30 lbs	none

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

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

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

Aco I.D. Black PPH/PH

6-14-23

DISPOSITION OF ANIMAL

DATE

Euth

7-6-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.105.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 ²⁵	AM/PM	CUSTODY DATE	06-14-23		I.D. Case/No.	33646 euth 33647 euth
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				(1 - hit by car) these 2 kittens ran			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
21 feline	DSH	BTB Blackwn	F	6wk	1.5#	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 <i>Ann Jarmu-sec</i>						06-14-23	
DISPOSITION OF ANIMAL						DATE	
Euth						6-20-27	

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

Name: [REDACTED] Date: 06-14-23
 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? 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/PM	CUSTODY DATE	06-14-23	I.D. Case/No.	33648
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
X					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone: Unknown				Arnett-Rooming Around	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Husky x	TAN	F	1yr	40#
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	Pink	None Chipped	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE: Anne Turner-Sec					06-14-23
DISPOSITION OF ANIMAL					DATE
Euth					6-27-23

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

Name: [Redacted] Date: 06-14-23

Address: [Redacted] Telephone: [Redacted]

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature: [Redacted]

Or

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

Signature _____

TIME	1 PM AM/PM	CUSTODY DATE	06-14-23	I.D. Case/No.	33649
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				Jordan St. Lots of Cats CIT	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Black/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 <i>Anna Turner-Sec</i>					06-14-23
DISPOSITION OF ANIMAL					DATE
Euth					06-20-23

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Name: [Redacted] Date: 06-14-23
Address: [Redacted] Telephone: [Redacted]

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

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: _____

400 AM/PM	CUSTODY DATE	6-13-23	I.D. Case/No.	33650 33651
-----------	--------------	---------	---------------	----------------

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"/>					

Shelby

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Telephone:

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
2K	D>H	1T< 15x	m	12w/4	1H	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 dent

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

AV

6-13-23

DISPOSITION OF ANIMAL

DATE

Euth X 2

6-15-23

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

DANVILLE AREA HUMANE SOCIETY		PITTSBURGH ANIMAL CONTROL		PUBLIC	
AE	7:00 AM/PM	CUSTODY DATE	6-15-23	ID. Case/No.	33652
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	
				in Drop off in trap	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DSH	orange M/M	2yr	10lb	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none Det	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>J. C. Stult</i>				6-15-23	
DISPOSITION OF ANIMAL				DATE	
RTO				6-15-23	

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	8:00 AM/PM	CUSTODY DATE	6-12-23	I.D. Case/No.	33653-33654
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2L	DST	Gray	M	1y	5H
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	no other	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				6-12-23	
DISPOSITION OF ANIMAL				DATE	
Euth				6-28-23	

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	2:30 AM/PM	CUSTODY DATE	06-14-23	I.D. Case/No.	33654	
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				With ACO to bring home		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DLH	Black	M	1 yr	6#	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None detected		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE Anna Janner-Soc					06-14-23	
DISPOSITION OF ANIMAL					DATE	
Euth					6-20-23	

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

Name _____ Date 06-14-23
Address _____ Telephone _____

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? YES Why did they decline to accept? Pet Center / ACOSA
Has the animal bitten or scratched a person or animal within the past 10 days? NO Bring home.

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	8:00 AM/PM	CUSTODY DATE	6-12-23		ID. Case No.	33654	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter DO	
<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	
QC	DST	Grayish	MALE	1yr	5H		
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	no marks			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>AH</i>						6-12-23	
DISPOSITION OF ANIMAL						DATE	
Adopted						6-27-23	

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

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children _____ Lived Inside/Outside _____ Housebroken _____
 Disposition _____ Health _____ Gets along well with other pets _____
 Did you contact another shelter about this animal? _____ Why did they decline to accept? _____
 Has the animal bitten or scratched a person or animal within the past 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		3:45 AM PM		CUSTODY DATE		06-14-23		I.D. Case/No.		33655	
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]						They Can't Keep Any longer They was feeding him for months					
Telephone: [Redacted]											
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
Feline	Dsth	White/Tan		M	3yrs	12#	None				
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")											
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)			OTHER IDENTIFICATION (specify)					
None	None	None	None			None dot					
CUSTODY RECORD PREPARED BY								DATE			
SIGNATURE & TITLE Ann James - Sec								06-14-23			
DISPOSITION OF ANIMAL								DATE			
Euth								6-15-23			

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 06-14-23

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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		820 AM/PM		CUSTODY DATE		6-15-23		LD. Case/No.		33658	
REASON FOR CUSTODY (mark appropriate box)								LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DASH					
	X										
OWNER'S NAME & ADDRESS (if known)								ADDITIONAL INFORMATION			
[REDACTED]								[REDACTED]			
Telephone								[REDACTED]			
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
2x Seline	DSH	Tort Orange tabby		F	1-2 yrs	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 [Signature]								6-15-23			
DISPOSITION OF ANIMAL								DATE			
2x Euth								6-22-23			

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, 1100 North 11th St., Box 1193, Richmond, VA 23218.

Name: [REDACTED] Date: 6-15-23

Address: [REDACTED] Telephone: [REDACTED]

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

Disposition Health Y 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: [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 3.2-6548, 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]

12²³ AM/PM CUSTODY DATE 06-15-23 I.D. Case/No. 33668 33641

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

Alten VA. Telephone: They been taking care of these but for health reason they can't no longer.

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
3x feline	DSH	2-ORA envy+abby	M F	6wks	1 1/2#	None

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

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

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE Ann Turner-Joe 06-15-23

DISPOSITION OF ANIMAL

DATE

Euth x3 Sick 6-20-23

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

Name _____ Date _____

Address _____ Telephone _____

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

TIME		1:30 AM/PM		CUSTODY DATE		06-15-23		I.D. Case/No.		33663	
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]						Owner: [Redacted] Keep Nolonger (M) 3-BLK small Tortshell 7 Adults (4-F, 3-M)					
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER					
11x feline	DSH	See IDP	(3-m) (4-F)	2 wks	1 1/2 #	None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")											
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)							
None	None	None	None	None detected							
CUSTODY RECORD PREPARED BY								DATE			
SIGNATURE & TITLE								DATE			
Ann Turner - Sec								06-15-23			
DISPOSITION OF ANIMAL								DATE			
Euth								6-29-23			

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6548, 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		DATE		REASON FOR CUSTODY (mark appropriate box)		LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stay	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case	<input type="checkbox"/> Transfer from other locality/facility	<input type="checkbox"/> Other	Shelter	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
11x feline 302-331-1882 Telephone:				Owner Comt Keep Nulung 3-BIK small 1-Tortshell 7 Adults (4-5)(3m)			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
11x feline	DSH	See IDP	(3-m) (4-F)	2 wks	1 1/2 #	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	None	None detected			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE						DATE	
DISPOSITION OF ANIMAL						DATE	
Adopted						9-8-23	

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? 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.

S'gnature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person 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	1:30 AM/PM	CUSTODY DATE	06-15-23	ID. Case/No.	B3662 33663
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[REDACTED]				Owner: [REDACTED] Keep Nolonger 3-BIK small (M) 1-Tortshell 7 Adults (4-F)(3-M)	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
11x feline	DSH	See IDP	(3-m)(4-F)	2 yrs	8#
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				DATE	
[Signature: Anna Turner - Sec]				06-15-23	
DISPOSITION OF ANIMAL				DATE	
Euth				6-16-23	

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 23216.

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	11:30 AM/PM	CUSTODY DATE		6/16/23		LD. Case No.	33673		
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	[REDACTED] HALLIX 20A			
	1								
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
[REDACTED]					[REDACTED]				
Telephone: [REDACTED]					[REDACTED]				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
K9	Pit	gray/whit		M	12m	25lbs	NONE		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
NONE	NONE	NONE	NONE		[REDACTED]				
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE [Signature] 391						6/16/23			
DISPOSITION OF ANIMAL						DATE			
RTO						6-15-23			

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) 798-2483, P.O. Box 1463, Richmond, VA 23218.

Name: [REDACTED] Date: 6/16/23

Address: [REDACTED] Telephone: [REDACTED]

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

Disposition Surrender Health Good Gets along well with other pets N

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

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

STATEMENTS OF SURRENDER

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

Signature: [REDACTED]

Or

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

Signature _____

TIME	2	AM/PM	CUSTODY DATE	06-15-23	I.D. Case/No.	33674
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	X				Shelter	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[Redacted]				[Redacted]		
Telephone: [Redacted]				[Redacted]		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	gray	5 F	1 1/2	6#	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None detected		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE				DATE		
Cinn Turner - Sec				06-15-23		
DISPOSITION OF ANIMAL				DATE		
Adopted				7-28-23		

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 yes Lived Inside/Outside Housebroken
 Disposition Health Gets along well with other pets yes
 Did you contact another shelter about this animal? NO Why did they decline to accept? NOT DOG
 Has the animal bitten or scratched a person or animal within the past 10 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 _____

3:15 AM/PM CUSTODY DATE 06-15-23 I.D. Case/No. 33675 33674

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

Can't Afford them

ANIMAL DESCRIPTION

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

Canine Husky/Pit Brown Tan F 8 wks 15#

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

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

None None None None None Detected

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

Ann Janner-Sec

06-15-23

DISPOSITION OF ANIMAL

DATE

Euth

6-21-23

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME		1.45 AM/PM		CUSTODY DATE		6-16-23		I.D. Case/No.		33677 33678	
REASON FOR CUSTODY (mark appropriate box)								LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		DALS				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
OWNER'S NAME & ADDRESS (if known)						ADDITIONAL INFORMATION					
Telephone:											
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
Feline	Dsh	1 Grey 19 bdy 1 Tort		M F	4w 4wk	11b 11b					
ANIMAL IDENTIFICATION (complete all that 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			
Mary L Burch								Euth. Suck			
								6-16-23			

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: [REDACTED] Date: 6-16-23

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: [REDACTED]

Or

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

Signature: _____

TIME		2:30 AM/PM		CUSTODY DATE		6-16-23		I.D. Case/No.		33681	
REASON FOR CUSTODY (mark appropriate box)								LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS					
	<input checked="" type="checkbox"/>										
OWNER'S NAME & ADDRESS (if known)						ADDITIONAL INFORMATION					
[REDACTED]											
Telephone: [REDACTED]											
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
Feline	DSH	BIK		M	8w	2	None				
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")											
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)			OTHER IDENTIFICATION (specify)					
None	None	None	None			None det					
CUSTODY RECORD PREPARED BY								DATE			
SIGNATURE & TITLE <i>May 1 [Signature]</i>								6-16-23			
DISPOSITION OF ANIMAL								DATE			
Euth								6-16-23			

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 *[Signature]* _____

TIME		3:00 AM/PM		CUSTODY DATE		6-16-23		I.D. Case/No.		33682 33683 33684 33685 33686 33687 33688 33689 33690 33691	
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]						[REDACTED]					
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
Feline	DSH	2 Gray White 4 Yellow			7	1					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")											
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO		COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)					
CUSTODY RECORD PREPARED BY								DATE			
SIGNATURE & TITLE <i>May L. Burnett</i>								6-16-23			
DISPOSITION OF ANIMAL								DATE			
<i>Euth</i>								6-30-23			

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 _____ Lived Inside/Outside _____ Housebroken _____
 Disposition _____ Health _____ Gets along well with other pets _____
 Did you contact another shelter about this animal? _____ Why did they decline to accept? _____
 Has the animal bitten or scratched a person or animal within the past 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>3:00</u> AM/PM		CUSTODY DATE <u>6-16-23</u>		LD. Case/No. <u>33682 33685 33686 33687 33688 33689</u>		Public <u>336</u>	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	<u>DAHS</u>	
	<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	OTHER	
<u>Feline</u>	<u>DSH</u>	<u>2 Gray White 4 Yellow</u>		<u>7</u>	<u>1</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)		
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <u>Mary L. Burrell</u>						<u>6-16-23</u>	
DISPOSITION OF ANIMAL						DATE	
<u>6. Euth</u>						<u>6-20-23</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 _____

TIME	4:10 AM/PM	CUSTODY DATE	6-16-23	ID. Case/No.	33688
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:				Rain	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DMH	Calico	F	4y	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			
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>May F. [Signature]</i>				6-16-23	
DISPOSITION OF ANIMAL				DATE	
Transferred				6-20-23	

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

NAME		3:10 AM/PM		CUSTODY DATE		6-16-23		I.D. Case/No.		33689 33690		Public	
REASON FOR CUSTODY (mark appropriate box)								LOCATION WHERE CUSTODY WAS TAKEN					
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
OWNER'S NAME & ADDRESS (if known)						ADDITIONAL INFORMATION							
Telephone:													
ANIMAL DESCRIPTION													
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER						
Feline	DS17	Blk/White		F/m	3wks	1/2#	unweaned						
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")													
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO		COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)							
None	None	None		None		None det							
CUSTODY RECORD PREPARED BY								DATE					
SIGNATURE & TITLE <u>May 7 Bunk</u>								6-16-23					
DISPOSITION OF ANIMAL								DATE					
Euth unweaned								6-16-23					

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) 788-2100, P.O. Box 1163, Richmond, VA 23218.

Name: [Redacted] Date: [Redacted]

Address: [Redacted] Vernon Hill Telephone: [Redacted]

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

STATEMENTS OF SURRENDER

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

Signature: [Redacted]

Or

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

Signature: _____

TIME	12:10 AM/PM	CUSTODY DATE	6/17/23	I.D. Case/No.	33691
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]				UT Don Shots Does not do well with children Has Lyme Disease - being treated	
Telephone: [REDACTED]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	hwoodmix	Brown/Black	M	2yrs	50lbs
OTHER					
none					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	none	none	none	none Det.	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE [Signature]					6/17/23
DISPOSITION OF ANIMAL					DATE
Euth					6-21-23

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 [REDACTED]

TIME	12:25 AM/PM	CUSTODY DATE	6-17-23	I.D. Case/No.	33692
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	
				DAHS	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	White/Black	F	12 WKS	3#
OTHER					
Nine					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Cara Turner</i>				6-17-23	
DISPOSITION OF ANIMAL				DATE	
Euth				6-20-23	

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

Name [REDACTED] Date 6/17/23
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.

X Signature [REDACTED]

NAME

12:45 AM/PM

CUSTODY
DATE

6-17-23

I.D.
Case/No.

33693

Pittsylvania Animal Control Public

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE
CUSTODY WAS TAKEN

Stray

Owner
Surrender

Seized

Bite Case

Transfer from
other
locality/facility

Other

X

DASH

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Telephone:

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR/MARKINGS

SEX

APPROX.
AGEAPPROX.
WEIGHT

OTHER

Canine

Pit

Brindle

F

18mths

50^{lb}

Scared

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 & TITLE

K Linda Cottrell

6-17-23

DISPOSITION OF ANIMAL

DATE

Euth

6-21-23

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

Danville Area Humane Society Pittsylvania Animal Control ☒ Public

TIME	1:00 AM/PM	CUSTODY DATE	6-17-23		ID. Case/No.	33694
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	X				DAHS -	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone: Lab a cloudle				OTTIS		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Cocker Terrier		Black	M	2 yrs	45#	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None det.		
CUSTODY RECORD PREPARED BY					DATE	
Signature: <u>Am</u> <u>man</u>					6-17-23	
DISPOSITION OF ANIMAL					DATE	
DOA					6-27-23	

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

X Sign _____

40 AM/PM CUSTODY DATE 6-17-23 I.D. Case/No. 33695 33696

REASON FOR CUSTODY (mark appropriate box)

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

LOCATION WHERE CUSTODY WAS TAKEN
 DASH

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

ADDITIONAL INFORMATION
 Cooker-chunk-ly

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit	Gray/white	F	6 mth	45 lbs	

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

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

CUSTODY RECORD PREPARED BY

SIGNATURE & TITLE	DATE

DISPOSITION OF ANIMAL

SIGNATURE & TITLE	DATE
RTO	6-17-23

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 monthly to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, VA 23216.

Name: [Redacted] Date: 06-17-23

Address: [Redacted] Telephone: [Redacted]

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

STATEMENTS OF SURRENDER

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

Signature: _____

Or

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

Signature: [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.	33697	CUSTODY DATE	6/17/23	TIME	6:30 AM / PM
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
1					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[REDACTED]				[REDACTED]	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
K9	Hound	Tri	F	2yrs	30lbs
OTHER					
NONE					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	[REDACTED]	

CUSTODY RECORD PREPARED BY	DATE
ASHLEY	6/17/23
SIGNATURE & TITLE	

DISPOSITION OF ANIMAL	DATE
RTO	6-19-23

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

CASE NO.	33698	CUSTODY DATE	6/17/23	TIME	6:30 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	
				URI	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	CALICO	F	6wks	11lbs
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	NAME	NONE	

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE	6/17/23

DISPOSITION OF ANIMAL	DATE
euthanized. AC. 2ce	6-18-23

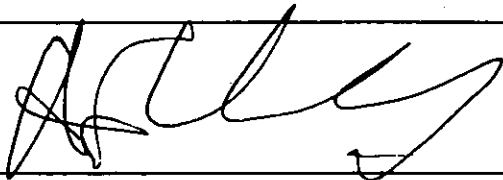
This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must 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.	33499	CUSTODY DATE	6/17/23	TIME	9:15	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	DO	
1							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
				Bobcat tail			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Feline	DSH	gray tabby	F	6wks	11lbs	none	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
none	none	none	none		none		

CUSTODY RECORD PREPARED BY	DATE
	6/17/23
SIGNATURE & TITLE	

DISPOSITION OF ANIMAL	DATE
Adopted	10-25-23

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.

TIME		11:00 AM/PM		CUSTODY DATE		6-19-23		I.D. Case/No.		33700	
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] Varneyville, NC											
Telephone: [Redacted]											
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
feline	DSH	Blk (white)		F	1-2 yrs	10#	None				
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")											
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO		COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)					
NONE	NONE	NONE		NONE		None detected					
CUSTODY RECORD PREPARED BY								DATE			
SIGNATURE & TITLE [Signature]								6-19-23			
DISPOSITION OF ANIMAL								DATE			
Euth								6-19-23			

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.

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

Signature _____

TIME	10:02 AM/PM	CUSTODY DATE	6/19/2023	LD. Case/No.	73701
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					Caught in trap Mr. Motley is non-verbal
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	Dsth	Gray/white	F	1 yr.	5 lbs.
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY:					DATE
SIGNATURE & TITLE <i>Paula Deane Director</i>					6/19/2023
DISPOSITION OF ANIMAL					DATE
<i>Euth</i>					6-27-23

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

Name: _____ Date: 6/19/2023

Address: _____ Telephone: _____

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

STATEMENTS OF SURRENDER

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

Signature: _____
 _____ Or _____

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

Signature: _____

TIME <u>10:15 AM</u>		CUSTODY DATE <u>6-19-23</u>		I.D. Case No. <u>33702</u>	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
<u>Unknown</u>				<u>HBC - PD officer witnessed.</u>	
Telephone: _____					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
<u>Feline</u>	<u>DSH</u>	<u>Calico</u>	<u>F</u>	<u>4 wks.</u>	<u>-1 lb.</u>
OTHER <u>None</u>					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>	<u>None detected</u>	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <u>Paula Deans, Director</u>					<u>6/19/23</u>
DISPOSITION OF ANIMAL					DATE
<u>Euth</u>					<u>7-5-23</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 3.2-8548, 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		745 (AM/PM)		CUSTODY DATE		6-19-23		I.D. Case/No. 33703		Public	
REASON FOR CUSTODY (mark appropriate box)								LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DASH					
<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					
Fairfield Ave											
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
Feline	DSH	1T/1F 1DK/2Tan		F	6 wks	1 lb	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 detected						
CUSTODY RECORD PREPARED BY								DATE			
SIGNATURE & TITLE								6-19-23			
DISPOSITION OF ANIMAL								DATE			
Euth 33703								6-22-23			

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

Has the animal bitten or scratched a person or animal within the past 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		745 AM/PM		CUSTODY DATE		6-19-23		I.D. (33703) 33704, Case/No. 3370J, 3370K	
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				
[REDACTED]					[REDACTED]				
Telephone:									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
40X Feline	DSH								
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
NONE	NONE	NONE	NONE		None detected				
CUSTODY RECORD PREPARED BY							DATE		
SIGNATURE & TITLE [Signature]							6-19-23		
[REDACTED]							DATE		
[REDACTED]							6-19-23		

...custodians of any pound or shelter, representatives of a humane society, or humane ... required by the Code of Virginia. This record shall be maintained for at least five ... inspection upon request. Information on this form is to be summarized and submitted ... ed format. Questions regarding this form may be directed to the Office of the State ... mond, VA 23218.

Date _____

Telephone _____

Lived Inside/Outside _____ Housebroken _____

Gets along well with other pets _____

Is animal? _____ Why did they decline to accept? _____

Don or animal within the past 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 _____

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: <u>Unknown</u>				<u>Daru Brown/white tabby female</u> <u>Black/white male</u> <u>[REDACTED]</u>			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
<u>Feline</u>	<u>Shorthair Domestic</u>	<u>Dark Brown/gray/white tabby</u> <u>Black/white</u> <u>Dark gray tabby</u>	<u>F</u> <u>M</u>	<u>6-8 weeks</u>	<u>802</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</u> <u>Det</u>			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <u>[Signature]</u>						<u>6/19/23</u>	
DISPOSITION OF ANIMAL						DATE	
<u>Euth X2</u>						<u>6-24-23</u>	

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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 [Signature] Or

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

Signature _____

TIME		CUSTODY DATE		ID. Case No.	
12:53 AM PM		6/18/23		23709	
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:					Lee St. (found) "Zack"
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	terrier x	black/grey	M	5/6 yrs	15 lbs
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
231	3297	none	blue/red/purple	3297	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Juliana Ryle</i>					6/18/23
DISPOSITION OF ANIMAL					DATE
<i>Frederick Euth</i>					6-25-23 6/18/23

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 23216.

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME		1215 AM PM		CUSTODY DATE		6-19-23		ID. Case/No.		33710	
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:						McDonalds Drive Thru					
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
IC	DSH	Black		m	6 wks	14	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 checked					
CUSTODY RECORD PREPARED BY								DATE			
SIGNATURE & TITLE <i>IA</i>								6-19-23			
DISPOSITION OF ANIMAL								DATE			
<i> euth </i>								8-16-23			

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 *[Redacted]* Date *6-19-23*

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? *yes*

STATEMENTS OF SURRENDER

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

Signature *[Redacted]*

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6548, 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		115 AM/PM	CUSTODY DATE		6-19-23	I.D. Case/No.		33711
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter		
	X							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
Telephone:								
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Ch. Pit Bull	Black/White		F	7 wks	14	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 detected			
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE <i>Am</i>						6-19-23		
DISPOSITION OF ANIMAL						DATE		
Adopted						6-28-23		

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

Name: [Redacted] Date: 6/19/2023

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature [Redacted]

DANVILLE AREA HUMANE SOCIETY		PITTSBURGH ANIMAL CONTROL		Public	
TIME	115 AM/PM	CUSTODY DATE	6-19-23	ID. Case No.	33711
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Ch. Pit Bull	Black/White	F	7 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 detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Am</i>					6-19-23
DISPOSITION OF ANIMAL					DATE
Adopted					6-28-23

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

Name: [REDACTED] Date: 6/19/2023
 Telephone: _____
 Characteristics: Good with children _____ Lived Inside/Outside _____ Housebroken _____
 Disposition _____ Health _____ Gets along well with other pets _____
 Did you contact another shelter about this animal? YES Why did they decline to accept? Full
 Has the animal bitten or scratched a person or animal within the past 10 days? _____

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature: [REDACTED]

TIME 12:05 AM/PM		CUSTODY DATE 6-19-23		I.D. Case No. 33712 33713	
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:				Sugar + Spill orange pm calico sf	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2 female	DSH	orange calico-sf	pm sf	15 YR.	10#
OTHER none					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none declared	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE A1					6-19-23
DISPOSITION OF ANIMAL					DATE
Euth					6-23-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 786-2453, P.O. Box 1163, Richmond, VA 23216.

Name: [REDACTED] Date: 6/19/23

Address: [REDACTED] Telephone: [REDACTED]

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	1:15 AM/PM	CUSTODY DATE	6/19/23	I.D. Case/No.	33714		
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Reuben Cof	
1							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
				SICK			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
feline	DSH	gray	M	2wks	6oz	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	None	None			
CUSTODY RECORD PREPARED BY					DATE		
SIGNATURE & TITLE					DATE		
DISPOSITION OF ANIMAL					DATE		
euth					6-19-23		

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	1:30 AM/PM	CUSTODY DATE	6/19/23	LD. Case/No.	33715	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
1						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
kg	Pit Mix	Wh/blk	M	9 yrs	60 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				6/19/23		
DISPOSITION OF ANIMAL				DATE		
Euth				6-29-23		

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

Name _____ Date _____

Address _____ Telephone _____

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

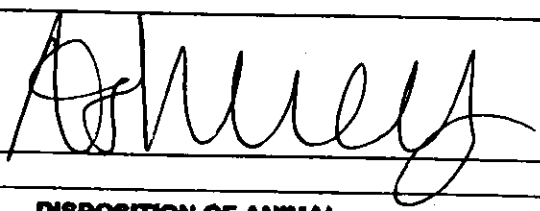
CASE NO.	33716	CUSTODY DATE	6/19/23	TIME	1:05	AM / PM	AM
-----------------	-------	---------------------	---------	-------------	------	----------------	----

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

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
K9	Mastiff	brn/bk	F	3yrs	95lbs	None

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

CUSTODY RECORD PREPARED BY	DATE
	6/19/23
SIGNATURE & TITLE	

DISPOSITION OF ANIMAL	DATE
Euth	7-6-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.105.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	430 AM/PM	CUSTODY DATE	6-19-23	I.D. Case/No.	33717
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	
				Breed	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
10	Chi	Blk	F	8-9yo	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	none	none	multicolor	none detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				6-19-23	
DISPOSITION OF ANIMAL				DATE	
Transferred				10-12-23	

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) 794-2483, P.O. Box 1163 Richmond, VA 23216.

Name _____ Date 6-19-23

Address _____ Telephone _____

Characteristics: Good with children _____ Lived Inside/Outside _____ Housebroken _____
 Disposition _____ Health _____ Gets along well with other pets _____
 Did you contact another shelter about this animal? _____ Why did they decline to accept? _____
 Has the animal bitten or scratched a person or animal within the past 10 days? 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	4:00 AM <input checked="" type="radio"/> PM	CUSTODY DATE	6-19-23	I.D. Case/No.	33718, 33719
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:			Lynette Lighter color Asmay strip down - fur		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2K	DSh	2 Tort	2F	10 wks	2+
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
n	n	n	none	none det	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				6-27-23	
DISPOSITION OF ANIMAL				DATE	
2x Euth				6-27-23	

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

Name: [Redacted] Date: 6/19/23

Address: [Redacted] Telephone: [Redacted]

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

STATEMENTS OF SURRENDER

I do not own this animal. I am surrendering it to the Danville Area Humane Society.

Signature: [Redacted]

Or

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

Signature: _____

TIME	10:40 AM/PM	CUSTODY DATE	6-20-23	I.D. Case/No.	33720
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]				Campview Rd. near Laniers Mill Kodg	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Lab-	Tan/white	NM	1yr	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				DATE	
A n				6-20-23	
DISPOSITION OF ANIMAL				DATE	
Euth				7-26-23	

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) 388-6480, P.O. Box 4453, Richmond, VA 23218.

Name: [Redacted] Date: 6/20/23

Address: [Redacted] 24550 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: _____

24 hours pet water

TIME	12:00 AM/PM	CUSTODY DATE	6-20-23	I.D. Case/No.	33721
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]				-fleas - ticks -	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pit	Brindle/white	M	1/yr.	45#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none det.	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE Linda Cottrell					6-20-23
DISPOSITION OF ANIMAL					DATE
Euth					6-27-23

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

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

ANIMAL CUSTODY RECORD

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

CASE NO.	33722	CUSTODY DATE	6/20/23	TIME	12:30 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**

Northridge
CITY

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Called Left message

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	calico	F	3yrs	18lbs	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	

CUSTODY RECORD PREPARED BY

SIGNATURE & TITLE	DATE
Ashley 391	6/20/23

DISPOSITION OF ANIMAL

	DATE
RTO	6-21-23

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.

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	2:00 AM/PM	CUSTODY DATE	6-20-23	I.D. Case/No.	33724				
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAYS			
<input checked="" type="checkbox"/>									
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION					
Telephone:				Drew off					
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Feline	DSH	orange	M	low	5#				
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)					
none	none	none	none	not detected.					
CUSTODY RECORD PREPARED BY								DATE	
SIGNATURE & TITLE <i>[Signature]</i>								6-20-23	
DISPOSITION OF ANIMAL								DATE	
A DOPTED								10-23-23	

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	7:00AM/PM	CUSTODY DATE	6-20-23	I.D. Case/No.	0378 33726 33726 33727
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					DAHS
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Found cat			Found in field By Barn		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
5x feline	Ost	2018 26yr 6 2 m - opa 1 light grey tab	3F	6 wks	1+
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
n	n	n	n	none detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE AY					6-20-23
DISPOSITION OF ANIMAL					DATE
Euth					6-28-23

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

Name: [redacted] Date: 6-20-23

Address: [redacted] Pelham 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? 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	2:15 AM/PM		CUSTODY DATE		6-20-23		I.D. Case No.	33728 33729	33730 33731 33732 33733 33734
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:					minnow				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
7x feline	DSH	Black/white Black -	2F 2F/M	2yrs 6wks	6# 1#	nsm			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
none	none	none	none		none del.				
CUSTODY RECORD PREPARED BY							DATE		
SIGNATURE & TITLE							6-20-23		
DISPOSITION OF ANIMAL							DATE		
Euth							6-20-23		

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 788-2400, P.O. Box 1463, Richmond, VA 23218.

Name: _____ Date: 6/20/23
 Address: _____
 Characteristics: Good with children _____ Lived Inside/Outside _____ Housebroken _____
 Disposition _____ Health _____ Gets along well with other pets _____
 Did you contact another shelter about this animal? _____ Why did they decline to accept? _____
 Has the animal bitten or scratched a person or animal within the past 10 days? _____

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

X Signature _____

TIME	2:30 AM/PM	CUSTODY DATE	6-20-23	I.D. Case/No.	33735 33736
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]				Sunny light one stormy	
Telephone: [Redacted]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2C	DSH	2TSP	2F	1yr	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)	
n	n	n	n	none det	
CUSTODY RECORD PREPARED BY [Signature]				DATE	
SIGNATURE & TITLE [Signature]				6-20-23	
DISPOSITION OF ANIMAL				DATE	
Euth x2				6-22-23	

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

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children yes Lived Inside/Outside Inside Housebroken yes
 Disposition Health Gets along well with other pets yes
 Did you contact another shelter about this animal? no Why did they decline to accept? _____
 Has the animal bitten or scratched a person or animal within the past 10 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	3:00 AM/PM	CUSTODY DATE	6-20-23	I.D. Case/No.	33737
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone: _____					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
IC	DmH	Blk	F	10 wks	1 lb
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
no	no	no	no	no	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					6-20-23
DISPOSITION OF ANIMAL					DATE
Euth					7-5-23

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

Name _____ Date _____

Address _____ City _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

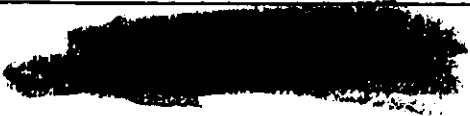
Signature _____

Or

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

Signature _____

Danville Police Department Animal Control Unit (434) 548-3017	ANIMAL CUSTODY RECORD <i>This form includes all mandated information as required by §3.1-798.105.B of the Code of Virginia.</i>
--	---

CASE NO. <u>33738</u> <u>33739</u> <u>33740</u>	CUSTODY DATE <u>6/20/23</u>	TIME <u>4:00</u> AM <input checked="" type="radio"/> PM
REASON FOR CUSTODY (mark appropriate box)		LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized
		3
OWNER'S NAME & ADDRESS (if known)		ADDITIONAL INFORMATION
		Seized
Telephone:		
ANIMAL DESCRIPTION		
SPECIES	BREED	COLOR/MARKINGS
K9 x3	Pit x3	blk/wht pindle
SEX	APPROX. AGE	APPROX. WEIGHT
F x3	x3 4 yrs	25 lbs 45 lbs 27 lbs
OTHER		
NONE		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")		
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO
NONE	NONE	NONE
COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)
blk x2		NONE

CUSTODY RECORD PREPARED BY	DATE
<u>Ashley</u> 391	<u>6/20/23</u>
SIGNATURE & TITLE	

DISPOSITION OF ANIMAL	DATE
<u>Euth</u>	<u>7-30-23</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 §3.1-798.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

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

ANIMAL CUSTODY RECORD

This form fulfills all reporting information as required by §3.1-706.105.B of the Code of Virginia.

CASE NO. <u>33738</u> <u>33739</u> <u>33740</u>	CUSTODY DATE <u>6/20/23</u>	TIME <u>4:00</u> AM <input checked="" type="radio"/> PM
REASON FOR CUSTODY (mark appropriate box)		
Stray	Owner Surrender	Seized
		<u>3</u>
Blk Case	Transfer from other locality/facility	Other
OWNER'S NAME & ADDRESS (if known)		ADDITIONAL INFORMATION
<u>Ronta Beck</u>		<u>Seized</u>
Telephone:		
ANIMAL DESCRIPTION		
SPECIES	BREED	COLOR/MARKINGS
<u>K9 x3</u>	<u>Pit x3</u>	<u>blk/wht</u> <u>prinkie</u>
SEX	APPROX. AGE	APPROX. WEIGHT
<u>F x3</u>	<u>x3</u>	<u>25 lbs</u> <u>45 lbs</u> <u>28 lbs</u>
		<u>NONE</u>
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")		
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO
<u>NONE</u>	<u>NONE</u>	<u>NONE</u>
COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)
<u>blk x2</u>		<u>NONE</u>
CUSTODY RECORD PREPARED BY		DATE
SIGNATURE & TITLE <u>Ashley 391</u>		<u>6/20/23</u>
DISPOSITION OF ANIMAL		DATE
<u>Euth</u>		<u>7-19-23</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 §3.1-706.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

TIME	4:35 AM/PM	CUSTODY DATE	6-20-23	I.D. Case/No.	33741
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]				Ringed Dept side of rd "SICK"	
Telephone: [REDACTED]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Petite	DMH	light	F	4w/c	1
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None dot	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE [Signature]					6-20-23
DISPOSITION OF ANIMAL					DATE
1.5CC [REDACTED] Euth					6-20-23

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	10:50 AM/PM	CUSTODY DATE	6-21-23		I.D. Case/No.	33742, 33743, 33744, 33745,		33746, 33747, 33748	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter			
	X								
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
Telephone:									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
7K	AJH	26-7-6 21k/wh 3Blk		4M 3F	6 wks	14	h		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
none	none	none	none		none				
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE <i>AR</i>						6-21-23			
DISPOSITION OF ANIMAL						DATE			
6 x Euth						6-22-23			

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: 6/21/23

Address: [REDACTED] Telephone: [REDACTED]

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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.	33749	CUSTODY DATE	6-21-23	TIME	11:34	AM/PM	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	South Boston R2	
1						exon	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
feline	DMH	Grey	F	6 weeks	1 lbs	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	None	None			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE						6-21-23	
DISPOSITION OF ANIMAL						DATE	
Euth						7-7-23	

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 §3.1-796.105.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 <i>This form includes all mandated information as required by §3.1-796.106.B of the Code of Virginia.</i>
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CASE NO.	33760	CUSTODY DATE	6-21-23	TIME	11:39 <input checked="" type="checkbox"/> 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]
2						

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

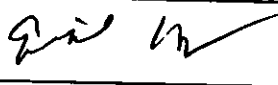
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	orange	DMH	F	5 weeks	1 lbs	now

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


CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <i>ACO E.P. Black MTH</i>	6-21-23



DISPOSITION OF ANIMAL	DATE
Euth	6-27-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §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) 786-2463, P.O. Box 1163, Richmond, Virginia 23218.

TIME	245 AM/PM		CUSTODY DATE	6-21-23		I.D. Case/No.	33751	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	shelter		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
Telephone:								
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
IC	DSH	Blk		F	8 wks	14	no	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)			
none	none	none	none		none			
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE 						6-21-23		
DISPOSITION OF ANIMAL						DATE		
Euth						6-21-23		

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: 6/21/23

Address:  Telephone: 

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

Disposition _____ Health _____ Gets along well with other pets _____

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

Has the animal bitten or scratched a person or animal within the past 10 days? 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	430 AM/PM	CUSTODY DATE	6-21-23		LD. Case/No.	33756	
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			
Unknown							
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Pit	Gray & white	M	1-3	50#		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
NONE	NONE	NONE	NONE		None detected		
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE DISPOSITION OF ANIMAL						6-21-23	
						DATE	
Euth						6-28-23	

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 23216.

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

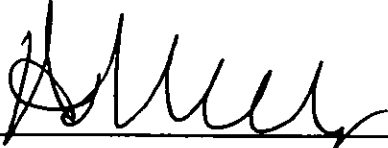
Signature _____

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.	33757	CUSTODY DATE	6/21/23	TIME	6:00 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	
I						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
				Trap		
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	ORG	M	Dark	2lbs	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
NONE	NONE	NONE	NONE	NONE		

CUSTODY RECORD PREPARED BY	DATE
	6/21/23
SIGNATURE & TITLE	
DISPOSITION OF ANIMAL	DATE
Euth	6-27-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §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.	33756	CUSTODY DATE	6/21/23	TIME	6:30 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	DO
1						

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

Telephone:

p mange

ANIMAL DESCRIPTION

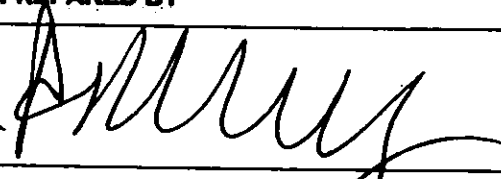
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
W9	Lab/ Pit	tan/wh+	M	3yr	35lbs	NONE

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

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

CUSTODY RECORD PREPARED BY**DATE**

SIGNATURE & TITLE



6/21/23

DISPOSITION OF ANIMAL**DATE**

Euth

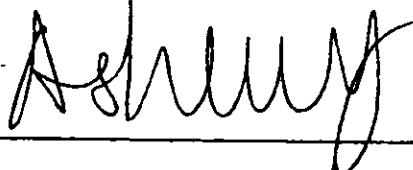
6-29-23

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) 786-2483, 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.	33759	CUSTODY DATE	6/21/23	TIME	6:00 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
1					
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DSH	gray	M	SWKS	11bs
OTHER					
none					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	NONE	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE 					6/21/23
DISPOSITION OF ANIMAL					DATE
Adopted					7-31-23

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.

Danville Police Department Animal Control Unit (434) 548-3017	ANIMAL CUSTODY RECORD <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.	33760	CUSTODY DATE	6/21/23	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
1					
					DO

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Kelcie	DSH	white/gry	M	12wks	21lb	None

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


CUSTODY RECORD PREPARED BY	DATE
Ashley	6/21/23
SIGNATURE & TITLE	

DISPOSITION OF ANIMAL	DATE
Euth	7-7-23

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 §3.1-796.105.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 <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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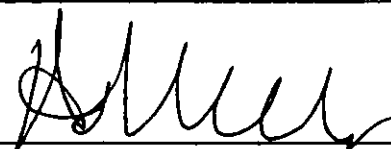
CASE NO.	33761	CUSTODY DATE	6/21/23	TIME	6:00 AM <input checked="" type="radio"/> PM
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REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
<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:	Trap

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	ORG	M	2wk	2lbs	None

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

CUSTODY RECORD PREPARED BY	DATE
	6/21/23

DISPOSITION OF ANIMAL	DATE
Euth	6-27-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §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		CUSTODY DATE		LD. Case/No.	
9:51 AM/PM		6-22-23		33752	
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
X [Redacted] CHASE South Boston, VA [Redacted] Telephone: [Redacted]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
K9	German Shep. Mix	black & tan	M	2	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	001331	NONE	NONE	NONE detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE [Redacted]					6-22-23
DISPOSITION OF ANIMAL					DATE
Euth					6-22-23

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 06-22-2023

Address [Redacted] South Boston, VA [Redacted] Telephone [Redacted]

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

X Signature [Redacted]

TIME	7:30 AM/PM	CUSTODY DATE	6-22-23		ID. Case/No.	(33753) 33754	
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 euth	
	X						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Silver Sub - woman - Black hair 40ish Telephone: plump.				Apert Sore behind Right ear -			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
3x Feline	DMH	2-orig 1-gray	F	1yr 8wk	5# 2#		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
none	none	none	none	none			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE L. Cottrell						6-22-23	
DISPOSITION OF ANIMAL						DATE	
Euth						7-6-23	

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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	7:30 AM/PM	CUSTODY DATE	6-22-23	LD. Case No.	33753	33754	33755
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	D A H S	
	X						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[REDACTED]				Apert Sore behind Right ear -			
Telephone: [REDACTED]							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER	
3x Feline	DMH	2-yr gray	F	1yr 8wk	5#	2#	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	None	None			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE						6-22-23	
DISPOSITION OF ANIMAL						DATE	
Adopted						6-26-23	

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME		7:30 AM/PM		CUSTODY DATE		6-22-23		LD. Case No.		33753		33754	
REASON FOR CUSTODY (mark appropriate box)								LOCATION WHERE CUSTODY WAS TAKEN					
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	D A H S							
OWNER'S NAME & ADDRESS (if known)								ADDITIONAL INFORMATION					
Silver Sub - Woman - Black hair 40ish Telephone: pump.								Apert Sore behind Right ear -					
ANIMAL DESCRIPTION													
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER							
3a Feline	DMH	2-0-0-0 1-Gray	F	1yr 8wk	5# 2#								
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")													
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)									
none	none	none	none	none									
CUSTODY RECORD PREPARED BY													
SIGNATURE & TITLE										DATE			
L. Cottrell										6-22-23			
DISPOSITION OF ANIMAL										DATE			
Euth										6-28-23			

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 3.2-8548, 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 <u>12:00 AM/PM</u>		CUSTODY DATE <u>6-22-23</u>		I.D. Case/No. <u>33762</u>	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	<u>X</u>				
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION
<u>[REDACTED]</u>					<u>TO Be euth</u> <u>help By Cheryl magots</u>
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
<u>feline</u>	<u>pslt</u>	<u>org.</u>	<u>M</u>	<u>10 yrs</u>	<u>8#</u>
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
<u>none</u>	<u>none</u>	<u>none</u>	<u>none</u>	<u>none</u>	
CUSTODY RECORD PREPARED BY					
SIGNATURE & TITLE <u>Linda Colthart</u>					DATE <u>6-22-23</u>
DISPOSITION OF ANIMAL					DATE
<u>Euth for owner</u>					<u>6-22-23</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 [REDACTED]

ME		12:17 AM/PM		CUSTODY DATE		June 22 2023		ID. Case/No.		33763	
REASON FOR CUSTODY (mark appropriate box)								LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DASH					
<input checked="" type="checkbox"/>											
OWNER'S NAME & ADDRESS (if known)						ADDITIONAL INFORMATION					
[Redacted]						Found in engine					
Telephone											
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
Cat.	DSH	Orange		M	5 wks	1 lb					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")											
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)			OTHER IDENTIFICATION (specify)					
none	none	none	none			none dot					
CUSTODY RECORD PREPARED BY										DATE	
SIGNATURE & TITLE										4-22-23	
DISPOSITION OF ANIMAL										DATE	
Adopted										7-18-23	

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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	12:30 AM/PM	CUSTODY DATE	6-22-23	I.D. Case/No.	33764
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (If known)				ADDITIONAL INFORMATION	
[Redacted]				to euth-	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	Long haired tail Cat	white	M	88	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)	
N/A	N/A	N/A	N/A	N/A	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE [Redacted]				6/22/23	
DISPOSITION OF ANIMAL				DATE	
Euth- for owner				6-22-23	

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature [Redacted]

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

TIME 12:55 AM/PM CUSTODY DATE 6-22-23 LD. Case No. 33765

REASON FOR CUSTODY (mark appropriate box)

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

LOCATION WHERE CUSTODY WAS TAKEN DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION Bingo

Telephone [REDACTED]

SPECIES Canine BREED Pit COLOR/MARKINGS White/Tan SEX M APPROX. AGE 1yr APPROX. WEIGHT 45# OTHER

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

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

CUSTODY RECORD PREPARED BY

SIGNATURE & TITLE <u>AK Mary</u>	DATE <u>6-22-23</u>
DISPOSITION OF ANIMAL <u>Euth</u>	DATE <u>7-6-23</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] Address [REDACTED] Date [REDACTED] Telephone [REDACTED]

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

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

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

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

STATEMENTS OF SURRENDER

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

Or

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

Sign [REDACTED]

TIME	1:00 AM/PM	CUSTODY DATE	6-22-23	I.D. Case No.	33766 33768
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:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
3x feline	DSH	white/gray	2m	3 DAYS	802 402
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				6-22-23	
DISPOSITION OF ANIMAL				DATE	
1x Euth				6-23-23	

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

X Signature _____

Or

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

Signature _____

TIME	11:00 AM/PM	CUSTODY DATE	6-22-23	ID. Case/No.	33766 33767	33768
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
X					DASH	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]				[REDACTED]		
Telephone: [REDACTED]						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
3x feline	DSH	white/gray	2 nd F	3 DAYS	802 402	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
none	none	none	none	none		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE					DATE	
DISPOSITION OF ANIMAL					DATE	
Euth					6-22-23	

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

Has the animal bitten or scratched a person or animal within the past 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 _____

12:56 AM/PM

6-22-23

33769

REASON FOR SURRENDER

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

OWNER'S NAME/ADDRESS (if known)

Same as below

"Stella"

Telephone:

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
cat	House mix	brown	F	4 years	90 lbs	none

CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
none	none	none	none	981020029441594

SIGNATURE & TITLE	6-22-23
Aco I.D. Black 207572	
ADOPTED	8-21-23

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 6-22-23
 Address _____ Telephone (434) 251-0388
 Characteristics: Good with children yes 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? _____
 Has the animal bitten or scratched a person or animal within the past 10 days? No

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	100 AM	CUSTODY DATE	6-22-23	I.D. Case No.	33720 33771
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	V				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
				Feral	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2 K	DSH	gray	1-F 1-M	6wks	1#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	NONE detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				6-22-23	
DISPOSITION OF ANIMAL				DATE	
2x Euth				6-27	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, 1000 North 1st Street, Raleigh, NC 27611, or by phone at 919-733-2318.

Name _____ Date June 22nd

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

A/E	1:55 AM/PM	CUSTODY DATE	6-22-23	I.D. Case/No.	33772
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
X					DASH
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[Redacted]					
Telephone: Danville VA					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
canine	Dit	blue & white	M	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	blue	none detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE [Signature]				6-22-23	
DISPOSITION OF ANIMAL				DATE	
BTC				6-23-23	

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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.

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	4:10 AM/PM	CUSTODY DATE	6-22-23	I.D. Case/No.	33773 33774
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	
Chatham (Strawberry Rd)				Dog were dry / 50 was inside of car - Didn't find along Road -	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canines	potx	Brindle Brindle/white	M	4 yrs 1 yrs	40 lbs 35
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none del.	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				6-22-23	
DISPOSITION OF ANIMAL				DATE	
Euth				6-29-23	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, VA 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 3.2-8546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

Signature: _____

TIME	900 AM PM	CUSTODY DATE	6-23-23	LD. Case No.	33775 33775 33775
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:				Scared Hold 7 days - Stray	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
3IC	DSH	gray	DM	12WKS	2#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				DATE	
A.H. Mary				6-23-23	
DISPOSITION OF ANIMAL				DATE	
Euth				7-7-23	

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

Name: [Redacted] Date: 6/23/23
Address: [Redacted] Milton, 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 3.2-6548, 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	18:00	AM/PM	CUSTODY DATE	6-23-23		LD. Case No.	32000 33783
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Seized	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Bite Case	<input type="checkbox"/> Transfer from other locality/facility	<input type="checkbox"/> Other	D.A.H.S.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
				Bear in Drop off			
Telephone: _____							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	pitx	Black/white	M	4 yrs	50#		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
None	None	None	Red				
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE April Hogan						6-23-23	
DISPOSITION OF ANIMAL						DATE	
Euth						7-5-27	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 786-2463, P.O. Box 1163, Richmond, VA 23216.

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	10	AM/PM	CUSTODY DATE	6-28-23	ID. Case No.	33784
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
X					DASH	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone:				in drop -		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit	Gray/white	F	2yrs	30#	5Kenny
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
none	none	none	none	none		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE					6-23-23	
DISPOSITION OF ANIMAL					DATE	
Euth					7-5-23	

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	10:00	AM/PM	CUSTODY DATE		6-23-23	ID. Case/No.	33785
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DASH	
<input checked="" type="checkbox"/>							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Aus. Shep	Black/White		F	1yr	25lb	
ANIMAL IDENTIFICATION (complete all 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						A. Hogan	
DISPOSITION OF ANIMAL						DATE	
RTO						6-23-23	

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

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children _____ Lived Inside/Outside _____ Housebroken _____
 Disposition _____ Health _____ Gets along well with other pets _____
 Did you contact another shelter about this animal? _____ Why did they decline to accept? _____
 Has the animal bitten or scratched a person or animal within the past 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.	33777 33780 33775 33781 33779	CUSTODY DATE	6-23-23	TIME	9:37 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	
5					Stanley Dr	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone:				Bk 2 M, 1 F Brown = 2 M		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit mix	3 Dk 2 Brown	4 M 1 F	2 months	5 lbs	nan
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
nan	nan	nan	nan	nan		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE Aco I.D. Black PD #312					6-23-23	
DISPOSITION OF ANIMAL					DATE	
Euth					6-29-23	

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

TIME	1:00 AM/PM	CUSTODY DATE	6-23-23	I.D. Case/No.	33786 35185
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	<input checked="" type="checkbox"/>				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
1 R.G.	P.t.	Brown/white	m	1yr	38
2 Fe. lin	Fe. line	Yellow/white	f	3m	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)	
				Reidsville City tag (Dog)	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Mary E. Brumfield</i>				6-23-23	
DISPOSITION OF ANIMAL				DATE	
Euth				6-29-23	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the 3506 of Virginia. This record shall be maintained for at least five years and shall be available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, VA 23218.

Name: [Redacted] Date: 06/23/23

Address: [Redacted] Reidsville 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 _____

Or

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

Signature _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	1:00 AM/PM	CUSTODY DATE	6-23-23			I.D. Case No.	33787 33785		
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAH S			
	<input checked="" type="checkbox"/>								
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
Telephone:									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
2 Felin	Felinae	Black/white Yellow/white	F	14-16 3m-1h	88 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)				
			Reidsville City Tag (Dog)						
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE <i>May E. Aguado</i>						6-23-23			
DISPOSITION OF ANIMAL						DATE			
Euth						7-5-23			

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 793-2400, P.O. Box 2000, Richmond, VA 23218.

Name: [Redacted] Date: 06/23/23
Address: [Redacted] Reidsville 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 _____

Or

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

Signature _____

TIME		CUSTODY DATE		LD. Case No.	
1:10 AM/PM		6-23-23		33759 33790 33791	
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]					DAHS
Telephone: [Redacted]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DM1	2 Grey Calico	F	3m	3
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE Mary F. Russell					6-23-23
DISPOSITION OF ANIMAL					DATE
Euth					7-5-23

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

2:30 AM/PM	CUSTODY DATE	6-23-23	LD. Casefile	33792
------------	--------------	---------	--------------	-------

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

May

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
K-9	Yorkie	Blk	M	8mt	7H	non

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

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

CUSTODY RECORD PREPARED BY

SIGNATURE & TITLE	DATE
May 7 Bunka	6-23-23

DISPOSITION OF ANIMAL

Transfer

DATE

7-7-22

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: [REDACTED]

Address: [REDACTED] Telephone: [REDACTED]

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

Disposition: Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature [REDACTED]

TIME	2:30 AM/PM	CUSTODY DATE	6-23-23	ID. Case No.	337932
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
IC	DSH	Grey Tabby	m	8 months	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 noted.	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Mary E. Russell</i>					6-23-23
DISPOSITION OF ANIMAL					DATE
Euth					6-23-23

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME		CUSTODY DATE		LD. Case No.	
4:40 AM/PM		6-23-23		33795	
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	
				Chub D	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
K9	Beagle mix	Blk/Brown/White	M	6	20
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None det	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Mary E. Pruitt</i>					6-23-23
DISPOSITION OF ANIMAL					DATE
<i>with</i>					8-1-23

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

Name: *[Redacted]* Date: *6/23/23*
 Address: *[Redacted]* Telephone: *Ringgold, VA 24566*
 Characteristics: Good with children ☒ Lived Inside/Outside Housebroken *NO*
 Disposition ☒ Health ☒ Gets along well with other pets *YES*
 Did you contact another shelter about this animal? ☒ 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

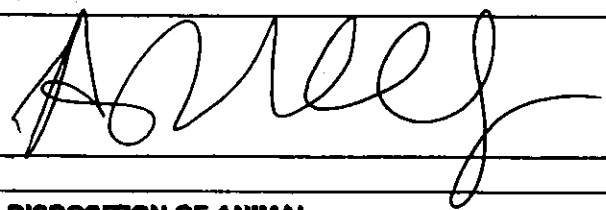
- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6548, subsection D, subdivisions 1 through 5. 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 _____

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.	33796	CUSTODY DATE	6/13/23	TIME	9:15 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	
Telephone:				Skinny & sprayed (skunk) * contact Dr. Sheehaw if owner found	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
kg	Pit	tan	F	3yr	50lbs
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None	
CUSTODY RECORD PREPARED BY					DATE
					6/25/23
DISPOSITION OF ANIMAL					DATE
Euth					7-5-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §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	3:55 AM/PM	CUSTODY DATE	6-24-23	I.D. Case/No.	33794
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					Axle -
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Beagle	Brown/White	M	5yr	20lb
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None.	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>May 7 Best</i>					6-23-23
DISPOSITION OF ANIMAL					DATE
Euth					6-27-23

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

Has the animal bitten or scratched a person or animal within the past 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 _____

TIME	1:30 AM	CUSTODY DATE	6-24-23	LD. Case No.	33798 33801 33799 33800 33799 33800
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	

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

DATS

OWNER'S NAME & ADDRESS (If known)

ADDITIONAL INFORMATION

Telephone:

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
5 feline	DSH	3-015-white Tart - grey	3F/2m	18wks	2#	

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

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

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

DISPOSITION OF ANIMAL

DATE

5x euth

6-27-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 788-3400, P.O. Box 1163, Richmond, VA 23218.

Name: [redacted] Date: 6-24-23
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? _____

STATEMENTS OF SURRENDER

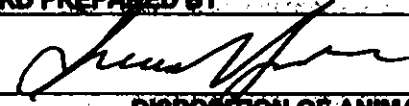
I do not own the above described animal and I relinquish custody to the Danville Area Humane Society.

Signature _____

Or

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

Lee County Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public
TIME	1:55 AM/PM	CUSTODY DATE	6/24/23	ID. Case No.	33803			
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
Telephone: UNKNOWN				Found Roaming on 58 coming from South Boston Real bad fears				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Canine	Labmix	Black	F	8-10 years	5 lbs	none		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)				
none	none	none	none	none detected				
CUSTODY RECORD PREPARED BY							DATE	
SIGNATURE & TITLE 							6/24/23	
DISPOSITION OF ANIMAL							DATE	
Euth							7-8-23	

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.

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

Signature _____

TIME	1045 AM	CUSTODY DATE	6-25-23	LD. Case No.	33804
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
Locust Ln					See P.D.
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	pit	brown & white	F	1 yr	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	blue plastic with broken tether	None detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					6-25-23
DISPOSITION OF ANIMAL					DATE
Euth					7-6-23

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	11:25 AM	CUSTODY DATE	6-26-23	I.D. Case No.	33805	33806			
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	33807			
	X					DAYS-			
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
[Redacted]					male name - Anubis				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
feline	M-DSH	m-grey	m	8 wks	5 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	not detected					
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE						6-24-23			
DISPOSITION OF ANIMAL						DATE			
Euth						7-7-23			

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6548, 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 _____

Pittsylvania Animal Control Public *can*

TIME	10:25 AM PM	CUSTODY DATE	6-26-23		ID. Case No.	33805 33806	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		
	X					DAYS -	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[REDACTED]				male name - Anubis			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
feline	M-DSH F-DSH	M-grey F grey tabby	M F	8 wks	5 1/2 lbs		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
none	none	none	none		not detected		
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>A L May</i>						6-26-23	
DISPOSITION OF ANIMAL						DATE	
Euth						6-26-23	

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature [REDACTED]

ME

110 25 AM/PM

DATE

6-26-23

Case No.

33806

REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DASHS - 33807
	X					
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION	
[Redacted]					male name - Anubis	
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
3x feline	M-DSH	m-grey	m	2 yrs	5#	
	JF DSH	F grey tabby	JF	8 wks	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		not detected	
CUSTODY RECORD PREPARED BY						DATE
A y m c v						6-26-23
SIGNATURE & TITLE						DATE
DISPOSITION OF ANIMAL						DATE
Adopted						7-2-23

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.

X 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]

AM/PM		CUSTODY DATE		6-27-23		ID. Case No.		33808	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION					
Telephone:									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
feline	Calico	Calico	GF	2yrs	7lbs	-			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)					
-	-	-	Purple/pink	-					
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE						6-27-23			
DISPOSITION OF ANIMAL						DATE			
MTO						7-7-23			

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

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

Of

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

TIME	11:15 AM/PM	CUSTODY DATE	06-27-23	I.D. Case No.	33809
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
X					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone: UNKNOWN				TRAPPING	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
8x feline	DSH	Orange Tabby-m 20g-m	5F 3m	10wks	2#
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE Ann Turner-sec					06-27-23
DISPOSITION OF ANIMAL					DATE
Euth					6-28-23

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

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

STATEMENTS OF SURRENDER

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

Signature: [Redacted]

Or

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

Signature: _____

TIME	11:50 AM	CUSTODY DATE	06-27-23	LD. Case No.	33809 33810 33811 33812 33813 33814 33815
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
X					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone: UNKNOWN				TRAPPING	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
8x feline	DSH	Orange Tabby-m 200g-m	5 F 3m	10wks	2#
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Ann Fume-sec				06-27-23	
DISPOSITION OF ANIMAL				DATE	
Euth				7-7-23	

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

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

STATEMENTS OF SURRENDER

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

Signature: [REDACTED]

Or

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

Signature: _____

Danville Police Department Animal Control Unit (434) 548-3017				ANIMAL CUSTODY RECORD <small>This form includes all mandatory information as required by 53.1-706.105.B of the Code of Virginia.</small>			
CASE NO.	33817	CUSTODY DATE	6-27-23	TIME	8:39 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	Reuben ct	
1							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
				Caught in trap			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
feline	DMH	Blk	M	2yrs	8lbs	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
none	none	none	none	none			
CUSTODY RECORD PREPARED BY					DATE		
SIGNATURE & TITLE <i>PO I.D. Black MH#772</i>					6-27-23		
DISPOSITION OF ANIMAL					DATE		
<i>Euth</i>					7-5-23		

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by 53.1-706.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

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

ANIMAL CUSTODY RECORD

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

CASE NO.	33818	CUSTODY DATE	6-27-23	TIME	8:34	<input checked="" type="checkbox"/> AM <input type="checkbox"/> 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					Drop off	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit mix	tan/whit	F	2 months 3 weeks	5 lbs	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE: Aro I. Black #08772					6-27-23	
DISPOSITION OF ANIMAL					DATE	
Adopted					7-5-23	

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

TIME	10:30 AM/PM	CUSTODY DATE	06-27-23	ID. Case/No.	33819
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
X					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone: unknown			'wild'		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	gray tabby	M	1yr	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 Ann Turner - Sec				06-27-23	
DISPOSITION OF ANIMAL				DATE	
Euth				7.5.23	

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

Name: [Redacted] Date: 06-27-23

Address: [Redacted] Telephone: [Redacted]

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

STATEMENTS OF SURRENDER

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

Signature: [Redacted]

Or

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

Signature _____

TIME		CUSTODY DATE		ID. Case/No.	
1:50 AM/PM		06-27-23		33820	
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]				Scrappy	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	mixed	BROWN	M	2yrs	45#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Carm. I. Turner - Sec</i>					06-27-23
DISPOSITION OF ANIMAL					DATE
Adopted					6 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 NO

Disposition Health Gets along well with other pets yes

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME 2:45 AM/PM	CUSTODY DATE 06-27-23	I.D. Case/No. 33822
REASON FOR CUSTODY (mark appropriate box)		LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized
Bite Case	Transfer from other locality/facility	Other
X		Shelter
OWNER'S NAME & ADDRESS (if known)		ADDITIONAL INFORMATION
Telephone: unknown		Trapping
ANIMAL DESCRIPTION		
SPECIES	BREED	COLOR/MARKINGS
feline	DSH	2 yrs 2 qtr 4 m
SEX	APPROX AGE	APPROX WEIGHT
4 m	2 qtr 4 m	1 1/2 #
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")		
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO
None	None	None
COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)
None		None detected
CUSTODY RECORD PREPARED BY		DATE
SIGNATURE & TITLE Carmen Turner - Sec		06-27-23
DISPOSITION OF ANIMAL		DATE
Euth		6-28-23

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) 786-0483, P.O. Box 1163, Richmond, VA 23218.

Name _____ Date 06-27-23
Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

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

ANIMAL CUSTODY RECORD

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


CASE NO.	33822	CUSTODY DATE	6-27-23	TIME	2:24 AM / PM
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REASON FOR CUSTODY (mark appropriate box)

Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	227 Motley Ave
1						

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

 Motley Ave Telephone:	"King"
---	--------

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	German Shepherd	blk/tan	M	2 years	60 lbs	None

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

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

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE	Asst. I.P. Black, PD #122	DATE	6-27-23
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DISPOSITION OF ANIMAL

DATE

RTO	6-27-23
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This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane legislators to record and maintain the information required by §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 mailed annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

TIME	435 AM PM		CUSTODY DATE	06-27-23		I.D. Case/No.	33830 33829	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter 33831 33832 33833		
	X							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
[REDACTED]				She's feeding these				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
5x feline	DSH	dil tort tort grey tabby orange	4F 1-m	1 yr 6-8wk	6# 2#	None		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)				
None	None	None	None	None detected				
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE Ann Lamer - Sec						06-27-23		
DISPOSITION OF ANIMAL						DATE		
Euth						6-28-23		

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	5	AM/PM	CUSTODY DATE	06-27-23	LD. Case/No.	33834	33834
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]			
[Redacted]				[Redacted]			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Feline	DSTH	1-Orange white 2-Orange	M	1yr	7#	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
None	None	None	None		None Detected		
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>Ann Janae Sec</i>						06-27-23	
DISPOSITION OF ANIMAL						DATE	
Euth						6-29-23	

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	5:15 AM/PM	CUSTODY DATE	6-27-23	I.D. Case/No.	33837 33838
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]			Trapping		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Jx feline	DSH	org	M	1yr	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 det	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				6-27-23	
DISPOSITION OF ANIMAL				DATE	
Euth				6-27-23	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1168, Richmond, VA 23218.

Name _____ Date _____
Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

Danville Police Department Animal Control Unit (434) 548-3017	ANIMAL CUSTODY RECORD <small>This form fulfills all mandated information as required by §3.1-798.105.B of the Code of Virginia.</small>
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CASE NO.	33841	CUSTODY DATE	0/27/23	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	
1						
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION	
					TRAP	
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	ORG	M	3 mon	8 lbs	NONE
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
NONE	NONE	NONE	NONE	NONE		

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE	
<i>A. Schley</i> 371	6/27/23
DISPOSITION OF ANIMAL	DATE
Euth	7.5.23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-798.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

TIME	11:30	AM/PM	(A)	CUSTODY DATE	6-27-23		I.D. Case/No.	33842
REASON FOR CUSTODY (mark appropriate box)							LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		D.A.H.S.	
X								
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION			
Telephone:					Found in Draining ditch			
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
feline	DMH	Gray/white	F	5wks	1			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)				
none	none	none	none	none				
CUSTODY RECORD PREPARED BY							DATE	
A. Hagan							6-27-23	
SIGNATURE & TITLE							DATE	
DISPOSITION OF ANIMAL							DATE	
Euth							7-5-23	

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	11:30 AM/PM	CUSTODY DATE	6-27-23	ID. Case/No.	33843				
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other				
X					In Drop off				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION					
Telephone: _____									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Canine	Labx	Black		F	3mths	15#			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
None	none	none	none		none				
CUSTODY RECORD PREPARED BY						DATE			
A. Hogan						6-27-23			
SIGNATURE & TITLE						DATE			
DISPOSITION OF ANIMAL									
Euth						7-14-23			

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	7:11 <u>AM</u> PM	CUSTODY DATE	6/28/23		I.D. Case/No.	33840	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray <input checked="" type="checkbox"/>	Owner Surrender <input type="checkbox"/>	Seized <input type="checkbox"/>	Bite Case <input type="checkbox"/>	Transfer from other locality/facility <input type="checkbox"/>	Other <input type="checkbox"/>	Shelter	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone:				drop off			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	pit x	black/wht	F	1yr	25lbs		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)		
none	none	none	none		none detected		
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>Robert Pitt</i>						6/28/23	
DISPOSITION OF ANIMAL						DATE	
<i>Friendly but scared Euth</i>						7-5-23 6/28/23	

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	4:30 AM	CUSTODY DATE	10-28-23	I.D. Case No.	33844 33845 33846
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[REDACTED]				Dixie ELVIS Tag 416-4365 336-416 4365	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	GS	Black	F	3 yrs	60/45/50
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	org / conf / white	home det	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					DATE
DISPOSITION OF ANIMAL					DATE
Euth					7-6-23

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	11:20 AM/PM	CUSTODY DATE	6-28-23			I.D. Case/No.	33849		
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	D.A.H.S.			
X									
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
Westover LA					CIT Sores on Back				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Seline	DSH	Org Tabby		M	2yr	12#			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
none	none	none	none		none				
CUSTODY RECORD PREPARED BY						DATE			
A. J. Mangan						6-28-23			
SIGNATURE & TITLE						DATE			
DISPOSITION OF ANIMAL						DATE			
Euth						7-5-23			

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 786-2463, 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 _____

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

ANIMAL CUSTODY RECORD

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

CASE NO.	33851	CUSTODY DATE	6-29-23	TIME	12:31	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	Pickett Jr
1						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DLH	Grey	M	2 months	0.5163	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "None")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)	
None	None	None	None		None	

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <i>Alto E. B. Blak MPT 77</i>	6-29-23

DISPOSITION OF ANIMAL	DATE
Euth	7-7-23

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 §3.1-796.105.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 1183, Richmond, Virginia 23218.

TIME	1015 ^{AM} PM	CUSTODY DATE	6-29-23	I.D. Case/No.	33847 33848
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
dk	Dsh	1 blk 1 blk (w/)	m f	8 wks	1 lb
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
non	non	non	non	non	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Am</i>					6-29-23
DISPOSITION OF ANIMAL					DATE
Euth					7-5-23

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

Name: [REDACTED] Date: 6-29-2023

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? _____ 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	AM/PM	CUSTODY DATE	6-29-23		I.D. Case/No.	33850
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"/>	<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>Drop off</u>							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER	
Feline	DH	Black/white m	M	2yr	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	net detect			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <u>[Signature]</u> KA						6-29-23	
DISPOSITION OF ANIMAL						DATE	
Euth						7-5-23	

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	12:37 AM/PM	CUSTODY DATE	06-29-30	I.D. Case/No.	33852 33853
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]				MALES NAMES: SALT (GRAY) + PEPPER (BLK) FEMALE NAME: PIKACHU	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
3x RATS	Rodent	2 white 9m 1 BIK-white	F M m	2yrs	1#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Ann Turner - SC				06-29-30	
DISPOSITION OF ANIMAL				DATE	
euth				8-2-23	

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 YES Lived Inside Outside Housebroken CAGED - LITTER
Disposition FRIENDLY Health ALL IN GOOD HEALTH Gets along well with other pets CATS - YES
Did you contact another shelter about this animal? NO Why did they decline to accept? N/A
Has the animal bitten or scratched a person or animal within the past 10 days? _____

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	12:37 AM/PM	CUSTODY DATE		06-29-30		I.D. Case/No.	33852 33853		
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter Adopt 08-02-02			
	X					Adopt			
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
[REDACTED]					MALES NAMES: SALT (GRAY) + PEPPER (BLA)				
[REDACTED]					FEMALE NAME: PIKACHU				
Telephone: [REDACTED]									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
3x Rats	Rocky	2 white 9m 1-BLK-white		F M M	2yrs	1#			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)				
None	None	None	None		None detected				
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE Ann Turner-SK						06-29-30			
DISPOSITION OF ANIMAL						DATE			
A DOPTED						8-2-23			

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 YES Lived Inside/Outside Housebroken CAGED - LITTER
Disposition FRIENDLY Health ALL IN GOOD HEALTH Gets along well with other pets CATS - YES
Did you contact another shelter about this animal? NO Why did they decline to accept? N/A
Has the animal bitten or scratched a person or animal within the past 10 days? _____

STATEMENTS OF SURRENDER

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

Signature _____

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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	06-29-2020	ID. Case/No.	33852 33853
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]				MALES NAMES: SALT (GRAY) + PEPPER (BLACK)	
Telephone: [Redacted]				FEMALE NAME: PIKACHU	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
3x RATS	Rodent	2 white 9m 1 BIK-white	F M m	2yrs	1#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE: Ann Turner-SK				06-29-30	
DISPOSITION OF ANIMAL				DATE	
ADOPTED.				8-2-23	

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 YES Lived Inside/Outside Housebroken CAGED - LITTER
 Disposition FRIENDLY Health ALL IN GOOD HEALTH Gets along well with other pets CATS - YES
 Did you contact another shelter about this animal? NO Why did they decline to accept? N/A
 Has the animal bitten or scratched a person or animal within the past 10 days? _____

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	2:08 AM/PM	CUSTODY DATE	06-29-23	I.D. Case/No.	33855
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
X					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone: Unknown				Found At work	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	GRY	F	6wks	1#
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Anna James - Sec				06-29-23	
DISPOSITION OF ANIMAL				DATE	
Euth				7-13-23	

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 1488, Richmond, VA 23218.

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

STATEMENTS OF SURRENDER

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

Signature: _____

 Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6548, 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	4:35 AM/PM	CUSTODY DATE	06-29-23	I.D. Case/No.	33856 33857
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] Ringgo VA				They Can't Keep All these Co. would not take them	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Tabby 2-BLK m-F	4-F	10yr	1#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None Detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Anna James Sea</i>				06-29-23	
DISPOSITION OF ANIMAL				DATE	
Euth				7-3-23	

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? ☒ Yes Why did they decline to accept? ☒ DPC
 Has the animal bitten or scratched a person or animal within the past 10 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 _____

D		Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	1:40 PM AM/PM	CUSTODY DATE				06-29-23		I.D. Case/No.	33862 33863		
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]								Trapping			
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
3 X Belin	DSH	1-OR 9 w/ F 3ea. 1 Pt Arg.		F M F	1 yr. 1 yr.	10#					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")											
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)						
None	None	None	None		None detected						
CUSTODY RECORD PREPARED BY								DATE			
SIGNATURE & TITLE								06-29-23			
DISPOSITION OF ANIMAL								DATE			
Euth								7-3-23			

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	4:55 AM/PM	CUSTODY DATE	06-29-23	I.D. Case/No.	33865
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] - Jail - City	
Telephone: [Redacted]				[Redacted] - Girl/Son - Benit	
ANIMAL DESCRIPTION Brought Dog in.					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
Canine	Chi	Brown	M	3 mos	15#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE [Signature] - Soc				06-29-23	
DISPOSITION OF ANIMAL				DATE	
DOA				7-4-23	

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

Name: [Redacted] Date: 06-29-23

Address: [Redacted] Telephone: [Redacted]

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

Danville Police Department Animal Control Unit (434) 548-3017	ANIMAL CUSTODY RECORD <small>This form includes all mandated information as required by §3.1-796.106.B of the Code of Virginia.</small>
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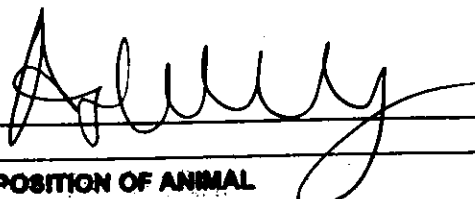
CASE NO.	33866	CUSTODY DATE	6/29/23	TIME	8:11	AM <input checked="" type="radio"/> PM <input type="radio"/>
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REASON FOR CUSTODY (mark appropriate box)						DO
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
1						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	gray/white	M	2yrs	10lbs	none

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

CUSTODY RECORD PREPARED BY	DATE
	6/29/23
SIGNATURE & TITLE	

DISPOSITION OF ANIMAL	DATE
Euth	7.5.23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §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	11:10 AM/PM	CUSTODY DATE	6.30.23	I.D. Case/No.	33867
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[REDACTED]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DMH	Orange White	M	1yr	5
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Mary E. Burt</i>					6-30-23
DISPOSITION OF ANIMAL					DATE
Euth					7-15-23

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

~~[REDACTED SIGNATURE]~~

Or

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

Signature _____

TIME	2:45 AM/PM	CUSTODY DATE	6-30-23	I.D. Case/No.	33868	33869
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	<input checked="" type="checkbox"/>				DAHS	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[Redacted]				Pet Center		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
2 feline	DSH	Black Black	5F NM	8 mt 1 yr	8	nm
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
nm	nm	nm	nm	9810200 [Redacted] 9810200 [Redacted]		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE Mary Z. B. [Redacted]				6-30-23		
DISPOSITION OF ANIMAL				DATE		
Transferred				7-5-23		

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

Name [Redacted] Date 6-30-23

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	2:45 AM/PM	CUSTODY DATE	6-30-23		ID. Case/No.	33868 33869
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	<input checked="" type="checkbox"/>				DAHS	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[Redacted]				Pet Center		
Telephone: [Redacted]						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
2 feline	DSH	Black Black	PF NM	8 yr	8	nm
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
nm	nm	nm	nm	9810200 9810200 [Redacted]		
CUSTODY RECORD PREPARED BY						
SIGNATURE & TITLE					DATE	
Mae Z. Butts					6-30-23	
DISPOSITION OF ANIMAL					DATE	
Transferred					7-5-23	

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Name: [Redacted] Date: 6-30-23

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

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Signature [Redacted]

TIME	2:45 AM/PM	CUSTODY DATE	6-30-23		LD. Case No.	33868 33869	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHHS	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
<div style="background-color: black; width: 100%; height: 100%;"></div>				<div style="background-color: black; width: 100%; height: 100%;"></div>			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
2 feline	DSH	Black Black	PF NM	8 w/ f Eyr	8	nm	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
nm	nm	nm	nm	9810200 49937199 F 9810200 4993769 NM			
CUSTODY RECORD PREPARED BY							
<div style="background-color: black; width: 100%; height: 100%;"></div>						6-30-23	
SIGNATURE & TITLE						DATE	
<div style="background-color: black; width: 100%; height: 100%;"></div>						7-5-23	
DISPOSITION OF ANIMAL						DATE	
Transferred						7-5-23	

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Name [REDACTED] Date 6-30-23
 Address 186 Sunset Dr 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

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Signature [REDACTED]

TIME	9:00 AM PM	CUSTODY DATE	6-30-23	ID. Case/No.	33872
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone:				CIT	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DLH	White	M	10wks	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					6-30-23
DISPOSITION OF ANIMAL					DATE
Euth					7-12-23

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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Signature _____