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allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

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	Danville Po	ilce Department	Danvil	le Animal Control	Danville Area H	lumane Societ	yPittsylv	ania Ank	mai Cont	rol Public
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euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

No other person has a right of property in the animal. I acknowledge the animal may be immediately

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No other person has a right of property in the animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I 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 Pol	ice Department	7		Danville Area H	lumane So	ciety P	itisyfvania /	Animai Contr	olPublic
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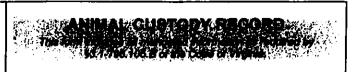
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possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that will be required to follow the adoption policies and procedures if I decide I want the

TIME	11:456		USTODY ATE	11-13-2	3	L.	nania Animal Cor	ntrolPublic
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Danville Police Department Animal Control Unit (434) 548-3017



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This form may be used by animal control officers, custodiens 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 evaluable for public 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



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

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Stray	Owner Surrender	Seized	Bite Case	other locality/facility	Oth	er ,	1	\ \ (1) <	
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acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the

Signature_

above-described animal back.

Danville Po	lice Depa	rtment	Danville	Animal Control	Dany	Me Area H	lumane So	clety	Pittsylv	enia Anin	nal Cont	rol Public
TIME	3:5	8.4		USTODY ATE		11/14	123		Case	/No.		196
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Telephu	 ·	<u> </u>		ANIMA	L D	ESCRIP	TION					
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CUSTODY	A			<u>BY</u>		+	<u> </u>		• • •		D	ATE
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ias the anima	al bitten	or sc	ratched a p	erson or anima	al wit	thin the	past 10 d	ays? _	Y)(
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	***:		OSITION OF AN				· · · · ·		DATE
		C	uth					12-	15.23

This form may be used by animal control officers, custodians of any pound or sheller, 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 shell be maintained for at least five years, and must be made available for public 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.

TME	4:55	AM/PM	CUSTODY DATE	Danville Area	15/23			ania Animal Cor D. MNo. 354	ило!<u>Риынс</u> 99,355
	REASON	FOR CUST	ODY (mark ap	propriate bo	ex)			LOCATION W	
Stray	Owner Surrender	Selze	d Bite Case	Transfer from other locality/facility	Othe	r	_		
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OWN	ER'S NAMI	& ADDR	ESS (if known))	ΑĒ	DITIO	IAL IN	FORMATION	1
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			ANIA	AAL DESCRI	PTION	APP	30Y	400004	T
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ture				Or					
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• I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

Signature	

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rom	-	ranc	none	red	_	ļ		none	
SIGNATURE	& TITLE	ACO FIDE	Inch 19#7	72 N				11-15	-2; 1-23
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Sign				Or)	•		
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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.

									<u> </u>
CASE NO.	318.	31	CUSTODY DAT	re // /	100/	27	TIME	2	00 AM
	REASON FO	OR CUST	ODY (mark app	ropriete box		- - - - - - - - - - 	LOC	ATION	Wese
Stray	Owner	Seized		ransfer from	Т		CUST	ODY WA	S TAKEN
	Surrender	30230	Dite Case	other locality/facility	Other				
1									
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Telephone:									
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\bigcap	12,1	/ .						EIGHT	OTHER
Canini		-	brn	-	1	Cerr	115	(65)	Z
	ANIMAL	DENTI	FICATION (comp	plete all that	apply, c	or indice	ta "nord	<u> </u>	·
CITY/COUNTY CENSE NUMBE	RABIE R NUM	V 1/70	TATOO	CO	LLAR				
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	7111		21010	5	mo		Non	1e:7	24
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					<u> </u>			D.	ATE
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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 investigators to record and maintain the information required by 53.1-796.105.B of the Code of Virginia. This record shell be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of



CAȘE NO,	3550	ス	CUSTODY DAT	E	11-1	د - ع	3	Tim	9:3	8 MM/ PI
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Telephone:					(av	aght	in t	raf		
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CITY/COUNT LICENSE NUMB		NES TAG MABER	TATOO			OLLAR r, type, etc)	OTHE	R IDENTIFICA	TION (specify)
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CUSTODY R	ECORD PR	EPARED		j/1		1. 1879. S		1	St. 194	ATF
		. ~ ·	Black 79#	t 57	L				11-12	-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 investigators to record and maintain the information required by \$3.1-796.105.8 of the Code of Virginia. This record shell be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.



									
CASE NO.	3550	3	CUSTODY DAT	ne II-1	6-23		TIM	Fi 12:	23 AM/P
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This form may be used by animal control officers, custodiens 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 shell be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summerized 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.

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

Signat

TIME		MAINLIAI	CUSTODY DATE	- 1	11-17-			ania Animal Co D. MNo. 35	So 6
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Signature

Signature

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Danville Pol	ice Department	Danville	Animal Control D	anville Area H	umane Soc	iety P	ittsyllegia A	nimai Contr	ol <u>Public</u>
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Danville P	olice Department	Danvill	e Animai Control	Danville Area	Humana S	ndeh: D	illandania A	-110	
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possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above described animal back.



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CAȘE NO.	35	55/5	8	ÇŲ	STODY DATE	2	11-20	-23		TIME	1431	AM //PM
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This form may be used by enimal 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 formet. 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 Po	lice Department		Animai Control	Danville Area	Humane Sc	clety	Pittsylvani	a Animal Con	troi Public
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Danville Poli	ce Department		Animal Control	Danville Area I	iumane So	ociety	Pittsylve	enia Animal C	ontrol Public
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• I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

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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 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.

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

Denville P	olice Departmen		Animal Control	Danville Area I	łumane So	clety F	ittsylvania /	nimal Con	trol Public
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Signature					<u> </u>		_		
			·	Or		_			
No ot eutha possii allowi ackno	ther person h inized or disp ble, the Danv lng them to b	as a right of cosed of in a ville Area Hu e adopted. I will be req	above-describe f property in the accordance with umane Society I acknowledge uired to follow to	e animal. I a h 3.2-6546, will keep of that may n	acknowled subsection wner-released to be pos	lge the a on D, sui ased ani sible in a	inimal m bdivision mals for all cases	ay be imme s 1 through 24 hours be , and I also	ediately 5. When efore

Signature_

Danville Po	Hice Department	MPM C	USTODY	Danville Area i			taylvania A	nimal Cor	trol Public
	0	() D/	ATE		<u> </u>	<u>ر ح</u>	Case/No.	<u>_</u> 5	4080
	REASON FO	OR CUSTOR	Y (mark appr	ropriate box	x)			NTION W DY WAS	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Othe	or		Her	
	人							•	
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			ANIMA	L DESCRIP	TION		NINA	<u>-</u>	
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anine	Pit	X	TAN-W		F	2-3000		25#	Nune
CITY/COUN	ANIM.	AL IDENTIFI IES TAG	ICATION (con	T		, or Indice	te "none	<u>")</u>	
ICENSE NUM	IBER NU	MBER	TATTOO		OLLAR r, type, etc.	.)	OTHER ID	ENTIFICA	TION (specify)
NONE		VONE	NONE		IONE		Vine	de	4.
USTODY	RECORD PR	EPARED B	Your are above.	in this wast	orala dans	6 3 66 1	(1) 1 1/2 6		ATE :
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me			<u> </u>				Da	ite	
dress						Telephon	θ		
position		iealth		Lived Inside		Housebn		yes(Some wh
l you contac s the anima	t another should bitten or ser	eiter about ti ratched a pe	his animal? rson or animal	Vvin	did they	y decline to	accept?	,	
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			STATEMENT	S OF SURF	ENDER				
not own th	e above des	cribed anima	al and I r el inqu	ish custody	to the Da	anville Area	Human	e Societ	y.
nature				<u> </u>					
				Or					
No oth	e rightful owr er person had ized or dispo	s a right of p	ove-described property in the	animal. I ack	cnowledd	e the anim	al may b	e imme	datab

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		D/	USTODY ATE		-29-2	3	I.D. Case/N	ia Animai Cor o. 3 L	<u> 158/</u>
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Stray	Owner Surrender	Seized	Bite Case	Transfer fi	rom Othe	н		rody was	
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elenbone			•	de	cided N	01-10 1	Zoep	tru !	
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CITY/COUNT	Y RABI	ES TAG MBER	TATTOO		COLLAR				
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		EPARED BY	- Non	Ĺ`	1/me		 	det	
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Signature_

TIME	1130	AMAM	CUSTODY DATE		11-	30- <i>3</i> :	 }		D.	nimal Cont 345	
·	REASON	FOR CUST	ODY (mark app	rooria					LOCA	TION WI	IEDE -
	Owner	-			ifer from	'		Cl	USTO	DY WAS	TAKEN 345
Stray	Surrende	L VAITA	Bite Case	_	ther ty/facility	Othe	r	St	rel	ter	QY'S
	×										(Z)
OWN	ER'S NAM	IE & ADDRI	SS (if known)		•					MATION	
					LL.	5012	ant	share colur	: CA	us Each (and
D ef				1	ــهمد	()cime					-40
FIC			PARTITION!	AL DE	SCRIP	TION				·	
SPECIES		BREED	COLORMA	RKING	s	SEX		PROX.		PROX. EIGHT	OTHER
feline	7	DsH		-77647		5.F 3m	3 M		3	+<04	NONE
			TIFICATION (co	mplet	e all th	at apply	, or in	dicate '	"none)")	
LICENSE NU		RABIES TAG NUMBER	TATTOO			OLLAR r, type, etc	.)	отн	IER IDI	ENTIFICAT	ION (specify)
NONE	. 1	IVONE	None	<u>L</u> .	No	ne	·	No	9000	Det.	
CUSTODY	RECORD	PREPAREI) BY			<u> </u>		· · ·		D	ATE
SIGNATURE	& TITLE	Inn.	James.	Sic						11-3	80-23
·		DIS	POSITION OF A	NIM	\L					D	ATE
		E-	th							13-	15-23
ears, and mu: nnually to the	record and r st be made State Veteri	maintain the int avaliable for p inarian in the p	officers, custodians formation required by public inspection u prescribed format. 3, Richmond, VA 232	y the C I pon re Questi	Code of \	/irginia. T Information	his rec e Lon this	ord shall Liforn is t	be ma to be a ected	intained f	or at least five
ddress							Tolo	phone	_		
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id you conta	act another al bitten o	r shelter abor r scratched a	ut this animal? a person or anim	al witt	Wi	v did the	v deci	ine to ac	ccept	मिंट	enter-th
			STATEMEN	ITS O	F SUR	RENDEF	₹				
			nimal and I relina	luish (zustody	to the D	anville	Area H	luman	e Societ	y.
do not own (the above	described ar	milai ana i tomiq								
do not own t								<u>. </u>			
					-			<u>. </u>			

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	1130 (USTODY ATE	11-	30-2	3	I.D Case	No.	3458
	REASON FO	OR CUSTOE	Y (mark app	ropriate bo	x)			OCATION W	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Othe		_	relter	(34
i	×					`	<u>ب</u>	re11-00	
OWNE	R'S NAME (ADDRESS	(If known)		AD	DITION	AL INF	ORMATION	
				500	Said C	3 40	Pare olor	CAIS on Each (Card
<u>lep</u> hone: 			ANIM	AL DESCRI	PTION				
SPECIES	BF	REED	COLORAMA		SEX	APPRO		APPROX. WEIGHT	OTHER
eline	D	SH)	anu Blawh 1	calico tan	5.F 3M	J.30		3+104	None
			CATION (co	mplete all t	nat apply	, or indi	cate "i	none")	
CITY/COUN ENSE NUM		IES TAG MIBER	TATTOO		COLLAR or, type, etc.)		R IDENTIFICA	
NONE		ONE	None	No	ne			van Det	
ISTODY I	RECORD PR	EPARED B	The same	an alterati	wan hi	क्षेत्र सम्बद्ध	Profesor.	90 00 A	PATEN
NATURE &	TILE W	nn I	ame:	Sc				11-3	30-23
		Dispo	Sirences.	HAVE			· · · · · ·	<u> </u>	ATE
				Sie	hx7	7		12.	1-23
			ers, custodials		or sheller,			a humane soc	lety, or human
, and much	t be made avail State Veterinarie	lable for publi	ers, customer glen required by ic inspection u cribed format. chmond, VA 232	pon request. Outstions rec	or shelter, (Virginia. The information selling this is	on this to	m is to	a humane soc e maintained be summertze	lety, or human for at least fiv
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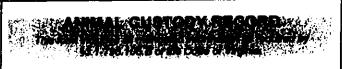
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	REASON FO	OR CUSTO	OY (mark appr		i)		CUSTO	Y WAS 1	AKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	\	Shel	t-er	De la Constitución de la Constit
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elephone:			ANIMA	AL DESCRIE	MOIT	APPR	OV A	PROX.	T
SPECIE	S	BREED	COLOR/MA	RKINGS	SEX	AG	E W	EIGHT	OTHER
eline	T)SH	any Blewh 1		5.F 3m	3.3 3mo		+(04	NONE
			FICATION (co	wbiete sii t	COLLAR	, or ma	OT ITO	SENTIFICA	TION (specify)
CITY/COL		ABIES TAG NUMBER	TATTOO		or, type, etc	i.)	1	Det	TION (specify)
NONE		VONE	None	No	ne		Neur		
USTOD	Y RECORD		BY				<u>_</u>		DATE
IGNATUR	E 9 TATLE	mn.	James	5c_					30-23
HUNATURE	Ed WILL	DIS	POSITION OF	ANIMAL					DATE
		A	do pted				<u>.</u>		21-23
vestigators pars, and n	to record and in must be made a the State Veteri	namean de an available for p inarian in the	officers, custodian ormation required public inspection prescribed format. 3, Richmond, VA 2	upon request			form is to be ry be directe	summariz	ed and submit
ama						Tele	phone		
Disposition (istics: Good n_ ontact anothe nimal bitten o	Healtri	out this animalia person or an	VP3	Gets alo	ng well v hev deci	sebroken_ with other prine to acce NO	pets No	Dog Cartu-Y
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ddress haracteri isposition id you co las the an	n ontact anothenimal bitten o	r shelter abor scratched	out this animalia a person or an STATEM animal and I rel	imal within the ENTS OF Standard	Gets alo Winy did to the past 10 URREND	ng well v hey decl) days? ER	with other print of the load o	pt/_ /9/	Carth
ddress	n ontact anothenimal bitten o	r shelter abor scratched	out this animalia a person or an STATEM	imal within the ENTS OF Standard	Gets alo Winy did to the past 10 URREND	ng well v hey decl) days? ER	with other print of the load o	pt/_ /9/	Cartury

TIME	12:03 A	WOW C	CUSTODY	Danville Area I			I.D.	Animai Con	
	10		DATE		<u> 30-2</u>	3	Case/No		590
	REASON FO	OR CUSTO	DY (mark app		()			CATION W FODY WAS	
Strey	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Othe	•	She	Her	
	1								
OWN	EDIS NAME	& ADDRES	S (If known)					RMATION	
				work wek			telp s	Can't K	A PIIM
			ANIMA	L DESCRIP	TION	, ,	41712		
SPECIES	B	REED	COLOR/MA	RKINGS	SEX	APPR AG		APPROX. WEIGHT	OTHER
Carine		Dull	while Bi		F		nos.	35#	None
			FICATION (co		Y '	or ind	cate "no	ne")	
CITY/COUN LICENSE NUI		MBER	TATTOO	_	OLLAR r, type, etc.)	OTHER	IDENTIFICA	TION (specify)
NONE	_ N	one	NONE	Nor	١٠		No	e dot	
CUSTODY	RECORD PR	REPARED	BY. S. Andrew Co.	• • •	<u> </u>	<u> </u>	4		ATE
SIGNATURE &	TITLE	envi	aime-	5 10				11-3	1023
		DISP	OSITION OF A	NIMAL,		•			ATE
				ε	ulh			12-	7-23
ners, and mus nually to the	k de made ava. State Veterinari	made for pu an in the pr	mation required by bilic inspection u escribed format. Richmond, VA 232	oon request. Questions reca	ntormetton	on this s	orm is to b be directe		4
ddress			<u> </u>			Telept	one		
sposition d you conta	ct another sh	-lealth <u>()</u> elter about	this animal?	NO Win	e ts along v did the	well with which we	h other p	ets 42°	<u>uhart</u>
			STATEMEN	TS OF SURI	RENDER				
o not own tl	ne above des	cribed anir	nal and I reling	uish custody	to the Da	anvilie A	rea Hum	ane Societ	y.
gnature			·		. = .		_		
				Or					
				d animal	d I au	der all i	omoerly i	rights in suc	- L !ı

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Signature_

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



			· · · · · · · · · · · · · · · · · · ·		 				
CASE NO.	345 98	2	CUSTODY DATI	E 11-	30-23		TIME	(:0)	AM PM
Mary Jack	APON FOR	CUST	DY (mint uppe		刘 昌 [3] [6]			THE STATE OF	and the
Stray	Owner Surrender	Seized	Bite Ceee	Transfer from other locality/facility	Othe				
					!	200			
OWNER	B NAME &	ADDRE	se (Fileson)	1,00 (1,00) 41.4 (44,00)	A.	PUION	AL NE	RMATER	
Telephone:									
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13	ANNA	L DESCRI	MON.				
SPECIES	BRE	EED	COLOR/MAF	RKINGS	SEX	APPR AGI		APPROX. WEIGHT	OTHER
Canin	Jenn	ussle min	13/4/ whi	+	F	1 year	ر	15145	none
	ANDIA	IDENT	TEICATION (con	plete all	the spily	of life			
CITY/COUNTY LICENSE NUMBE		ES TAG MBER	TATOO	(Cc	COLLAR for, type, etc	.)	OTHER	RIDENTIFICA	TION (specify)
Non	non		non	Non			No	·~	
CUSTOBY RE	CORD PRI	PARFO	AY AND AND AND	- divisi	The State of the S		J 24.5	1 1 2	MTR / / / /
SIGNATURE & TIT	ne #	ro I	- P. Black	N#7	7			11-30	6-23
		DISI	POSITION OF A	MAL					DATE
			তি কাৰ্যাল্ডাৰ কেন্দ্ৰ কৰা হৈছিল। বিশ্বস্থান	est the stare	·		<u> </u>	 	
			Cul	الم				12-1	9-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by \$3.1-796.106.8 of the Code of Virginia. This record shell be maintained for at least five years, and must be made available for public 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, (904) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

TIME	A	M/PM	CU:	STODY TE	11-3	30-2	3	I.D. Case/i	b. ファ	593
F	REASON FO	OR CUST	ODY	(mark appn	opriate box	r)			CATION WE	
Stray	Owner Surrender	Seize	d	Bite Case	Transfer from other locality/facility	Other			<u> </u>	<u> </u>
	X							Si	nelter	
OWNE	R'S NAME	& ADDR	ESS	(If known)	(Ma)	AD	DITION	AL INF	ORMATION KC - Tre	
					1770	S GILB.				
5	40 52:	5 27	160	ANIMA	L DESCRIF	TION	IAME	<u>1718</u>	4.NOGa	
SPECIES		REED		COLOR/MAI		SEX	APPRO AGE		APPROX. WEIGHT	OTHER
grine	1500	Uy		BLACK	<u> </u>	F	2		25#	No
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CITY/COUN LICENSE NUM	,	UMBER		TATTOO		or, type, etc.)		R IDENTIFICA	
None		IONE		NONE		ONE			VE Del	
CUSTODY	RECORD PI	REPARE	D B	Car	<u> </u>	<u>Providence de la</u>		<u> </u>	1.00 1.00 8.66(3)	DATE
SIGNATURE &	TITLE ON	mit	im	nu Sc						<i>b</i> =33
		DI	SPO	SITION OF A	NIMAL					ATE
						3	with		12-	5-23
vestigators to rears, and must noually to the	ecord and mail t be made av State Veterina	intain the i aliable for rian in the	nformi publi presc	ers, custodiens ation required by ic inspection u cribed format. chmond, VA 232	the Code of pon request. Questions reg	Virginia. T	his record on this f	d shall t orm is to	e maintained be summarize	for at least (id and sub mi
ddress	_						Teleph	none _		
haracteristic	s: Good w	ith childr Health	en	ges (Lived Insid	le/Outside	House	ebroke th othe	n UPS	<u> </u>
isposition id you conta	ct another s	helter ab	out t	his animal?		iny did the	y declin	e lọ đc		
as the anima	al bitten or s	cratched	a pe	rson or anim	al within the	past 10 (iays?	_/\0		·
				STATEMEN	ITS OF SUF	RENDE	₹			
do not own t	he above de	scribed	anim	al and I reling	juish custoc	y to the C	anville A	Area H	umane Socie	ity.
ignature								_		
					Or					
No of	her person i	nas a rigi	nt of i	pove-describe property in the cordance wit	e animal. I a	acknowled	ige the a	animai	may be imm	ediately

acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

Signature

Stray OWNER'S N Telephone: SPECIES Felene CITY/COUNTY LICENSE NUMBER Numb CUSTODY RECO	RABIES TAG NUMBER	Bite Case In Ion Ion Ion Ion Ion Ion Ion Ion Ion	DESCRIF	AD H Kee TION SEX F M pat apply	APPROX AGE 3MOS 1/P	NFORMA 2033 APPRI WEIG	TION JOE ORG
OWNER'S N Telephone: SPECIES F P/PO-C CITY/COUNTY LICENSE NUMBER VINA CUSTODY RECO	BREED BREED ANIMAL IDENTI RABIES TAG NUMBER NUML	Bite Case los S (if known) ANIMAL COLOR/MARK While / OR 9 FICATION (comp	DESCRIF	ADION SEX	APPROX. AGE 3M05 1/P	APPRI WEIG	TION JOE ORG
SPECIES F e/en-e CITY/COUNTY LICENSE NUMBER Now CUSTODY RECO	BREED MH ANIMAL IDENTI RABIES TAG NUMBER NUML	ANIMAL COLOR/MARK Whiste / OR 9 FICATION (comp	DESCRIP	TION SEX F M sat apply	APPROX. AGE 3M05 1/P	APPRI WEIG	TION JOE ORG
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CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	FICATION (comp	olete ali ti	at apply,			NOIC
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LICENSE NUMBER Nima CUSTODY RECO	Nine		(Calc	COLLAR			TIFICATION (spec
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SIGNATURE & TITLE	<u> </u>	imu-Sec	<u>.</u>				11-30-2
	DISP	POSITION OF AN					DATE
		Cuth	\sim	2		/	2-6.2
Veterinarian, (804) 786 Name						Date	
					_ Telephon		· · · -
Characteristics: G	Sood with children	l	ived Insid	le/Outside Sets along	Housebra	oken ther pets	
Disposition Did you contact an Has the animal bitt	other shelter abouten or scratched a	at this animal? person or animal	within the	ny did the past 10 c	y decline lo lays?	accept?_	
Did you contact an Has the animal bitt	other shelter abouten or scratched a	at this animal? person or animal STATEMENT	within the	past 10 (lays?	accept?_	
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Has the animal bitt	ten or scratched a	person or animal STATEMENT	within the	RRENDER	days?		