

TIME	3 AM/PM	CUSTODY DATE	Feb. 1, 2024	I.D. Case/No.	35960 35961
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]			They Can't Afford to keep them.		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2x Corinn	Pit	Blk white Blue mule	F	6 mos	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 started	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Ann Turner - Sec</i>					7/1/2024
DISPOSITION OF ANIMAL					DATE
Euth					2/1/24

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

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

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

Characteristics: Good with children NOT SURE Lived Inside/Outside Outside Housebroken NO

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

Did you contact another shelter about this animal? YES Why did they decline to accept? Couldn't fill

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

*TAKE THEM*

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	3:14 AM/PM	CUSTODY DATE	Feb. 1, 2024	I.D. Case/No.	35962
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 NO longer wants George		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Cockatiel		GRY-white	M	7 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 detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Ann Krumm Sec</i>				Feb. 1, 2024	
DISPOSITION OF ANIMAL				DATE	
Adopted				4-8-24	

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

Name \_\_\_\_\_ Date 02-01-24  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter about this animal? \_\_\_\_\_ Why did they decline to accept? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the past 10 days? 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	7:30 AM/PM		CUSTODY DATE	2-1-24		I.D. Case/No.	35964	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Dro off		
<input checked="" type="checkbox"/>								
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
Unknown								
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER		
Canine	Pitx	gray & white	F	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						2-1-24		
DISPOSITION OF ANIMAL						DATE		
Euth						822		

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

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

STATEMENTS OF SURRENDER

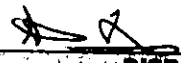
I do not own the above described animal and I relinquish custody to the Danville Area Humane Society.

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	6:50 AM/PM	CUSTODY DATE	2-2-24	I.D. Case/No.	35963
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					
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DMH	black	M	3yrs	10#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	NONE (checked)	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE 					2-2-24
DISPOSITION OF ANIMAL					DATE
Euth					2-2-24

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

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

STATEMENTS OF SURRENDER

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

Signature  \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	10:30 AM/PM		CUSTODY DATE	2-2-24		ID. Case/No.	35965 35967 35966 35968	
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 35965 35970 35971 35972		
	<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	Boxer	Bronze	5M 3F	7wks	21lb	None		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)				
None	None	None	None	None				
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE <i>Mary E. Brumby</i>						2-2-24		
DISPOSITION OF ANIMAL						DATE		
Euth						2-2-24		

This form may be used by animal control officers, veterinarians, or other representatives of a humane society or humane investigators to record and maintain the information required by § 3-2-6546, subsection D, subdivisions 1 through 5, for five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, VA 23218.

Name Jason Fajardo Date \_\_\_\_\_

Address 521 3rd St. 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? \_\_\_\_\_ Why did they decline to accept? \_\_\_\_\_

Has the animal bitten or scratched a person or animal within the past 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 [Signature]

TIME	12:30 AM/PM	CUSTODY DATE	2.2.24	I.D. Case/No.	35973	
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]			Envy			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
KG	Bully	Tri-Blue	F	3	60	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None Det		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>Mary E. Smith</i>					2.2.24	
DISPOSITION OF ANIMAL					DATE	
Euth					2.2.24	

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

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

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

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

Did you contact another shelter about this animal? 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.

Signature \_\_\_\_\_

TIME	3:00 AM/PM	CUSTODY DATE	3-00 2-2-24	I.D. Case/No.	35974	
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	OTHER
Canine	Yorkie	white/cream	F	10 WKS	10#	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
none	none	none	none	none		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE <i>May I Bussler</i>				DATE <i>2-24</i>		
DISPOSITION OF ANIMAL				DATE		
<i>Euth</i>				<i>3-12-24</i>		



ound or shelter, representatives of a humane society, or humane society of Virginia. This record shall be maintained for at least five years. Information on this form is to be summarized and submitted to the Office of the State Registrar regarding this form may be directed to the Office of the State Registrar.

Date *2-2-24*

Telephone \_\_\_\_\_

Inside/Outside Housebroken \_\_\_\_\_  
 Gets along well with other pets \_\_\_\_\_  
 Why did they decline to accept? \_\_\_\_\_  
 the past 10 days? *NO*

**SURRENDER**

I hereby surrender custody to the Danville Area Humane Society.

I, and I surrender all property rights in such animal. I acknowledge the animal may be immediately adopted, 46, subsection D, subdivisions 1 through 5. When owner-released animals for 24 hours before adoption is not 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.

above

TIME	10:37 AM/PM	CUSTODY DATE	2/2/24	I.D. Case/No.	35975	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
<input checked="" type="checkbox"/>					Shelter	
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
Telephone:			drop off - maybe injured			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
canine	pit x	brindle/wht	F	1yr	30lbs	
ANIMAL IDENTIFICATION (complete all that 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>Theresa Rust</i>					2/2/24	
DISPOSITION OF ANIMAL					DATE	
Euth					2/2/24	

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

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

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

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

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

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

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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	2/2/24		I.D. Case/No.	35976	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
Telephone:				drop off				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Canine	pug x	black	M	5 yrs	15/20lb			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)				
none	none	none	none	none detected				
CUSTODY RECORD PREPARED BY:						DATE:		
SIGNATURE & TITLE: <i>Puberl Trust</i>						2/2/24		
DISPOSITION OF ANIMAL:						DATE:		
Euth at AMU						2.5.23		

This form may be used by animal control officers, custodians of any pound or shelter, humane societies or a combination of humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to 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	1245 AM/PM	CUSTODY DATE	2-3-24	I.D. Case/No.	35977
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]			Eliza Reamy Ave area of Martinsville, VA		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pit	tan	F	3-4yrs	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	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					2-3-24
DISPOSITION OF ANIMAL					DATE
Euth					2-22-24

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

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

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

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

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

Did you contact another shelter about this animal? yes Why did they decline to accept? Martinsville - no room

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

#50 Rabid?

TIME	6:00 AM/PM	CUSTODY DATE	2-3-24	I.D. Case/No.	35978
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Unknown					
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
canine	pug	gray & buff	M	7 yrs	10#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	NONE detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				2-3-24	
DISPOSITION OF ANIMAL				DATE	
RTO				2-7-21	

This form may be used by animal control investigators to record and maintain information for at least five years, and must be made available annually to the State Veterinarian in Pennsylvania, (804) 786-2483, P.O. Box

2/5/24  
pug - pick-up  
SAA PM

atives of a humane society, or humane society shall be maintained for at least five years. This form is to be summarized and submitted annually to the Office of the State

Name \_\_\_\_\_  
Address \_\_\_\_\_

Date \_\_\_\_\_  
none \_\_\_\_\_  
broken \_\_\_\_\_  
with other pets \_\_\_\_\_  
to accept? \_\_\_\_\_

Characteristics: Good with children  
Disposition \_\_\_\_\_ Health \_\_\_\_\_  
Did you contact another shelter? \_\_\_\_\_  
Has the animal bitten or scratched? \_\_\_\_\_

I do not own the above described animal

Signature \_\_\_\_\_

Secretary of the Humane Society.

Or

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

Signature \_\_\_\_\_

TIME	6 45 AM (PM)	CUSTODY DATE	2-4-24	I.D. Case/No.	35979
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					Drop off
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	hound/pit	brindle	F	1yr	50
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	blk nylon "petzone"	None detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					2-4-24
DISPOSITION OF ANIMAL					DATE
Euth					2-22-24

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

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

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

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

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

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

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

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

ME	1230 AM/PM	CUSTODY DATE	02-04-24	I.D. Case/No.	36187	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	X					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
[REDACTED]			CAN'T Keep.			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Cat-feline	DMH	BRN white	M	10 WKS JAN 11, 2024	1 1/2 #	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	NONE	NONE	NONE Det.		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE <i>Ann. Janner-Soc</i>				02-04-24		
DISPOSITION OF ANIMAL				DATE		
Adopted				3-5-27		

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

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

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

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken Yes  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter 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 I may be required to follow the adoption policies and procedures if I decide I want the animal back.

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

TIME	7:00 AM/PM	CUSTODY DATE	2-5-24	I.D. Case/No.	35980
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Unknown					
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
canine	lab/terrier	blk	M	2 yrs	10 lbs
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE 					2-5-24
DISPOSITION OF ANIMAL					DATE
Euth					2-3-24

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

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

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

Characteristics: Good with children \_\_\_\_\_ Lived inside/outside \_\_\_\_\_ Housebroken \_\_\_\_\_

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

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

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

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	10:15 <u>AM/PM</u>	CUSTODY DATE	2-5-24	I.D. Case/No.	35981
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]			Bella		
Telephone:					
ANIMAL DESCRIPTION <span style="float: right;">Bitter 01202-1724</span>					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
D	P.+	Brindle	F	14	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 dated	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <u>AK</u>					2-5-24
DISPOSITION OF ANIMAL					DATE
Euth					2-6-24

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

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

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

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside Housebroken yes  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter about this animal? 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.

TIME	2:55 AM/PM	CUSTODY DATE	02-05-24	I.D. Case/No.	316982 85983
REASON FOR CUSTODY (mark appropriate box)					
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				LOCATION WHERE CUSTODY WAS TAKEN	
Telephone: Unknown				Shelter	
ADDITIONAL INFORMATION				Stray in neighborhood	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DSH	gray white Black white	F	1YD 3 mos	6# 26
ANIMAL IDENTIFICATION (complete all that 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				02-05-24	
DISPOSITION OF ANIMAL				DATE	
Euth				2-7-24	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 781-2483, P.O. Box 1163, Richmond, VA 23218.

Name: [Redacted] Date: 02-05-24  
 Address: [Redacted] Telephone: [Redacted]

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

STATEMENTS OF SURRENDER

I do not own the above-described animal and I relinquish custody to the Danville Area Humane Society.  
 Signature: [Redacted]

Or

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

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

TIME	1:05 AM (PM)	CUSTODY DATE	02-05-24	I.D. Case/No.	35984 35985	
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				Family Dollar Northmain		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
3 Feline	DSH	BLK	FF 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 det		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE <i>Ann Turner - Soc</i>				7 Feb 5 2024		
DISPOSITION OF ANIMAL				DATE		
Trans				2-29-24		

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, 1004 20th Street, Box 1163, Richmond, VA 23218.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

STATEMENTS OF SURRENDER

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

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

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

Signature \_\_\_\_\_

TIME	1:05 AM (M)	CUSTODY DATE	02-05-24	LD. Case/No.	35984 35985
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			Family Dollar North Main		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
3 Feline	DSH	Blk	♂	8 wks	1#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				DATE	
Ann Turner - SOC				7-6-2024	
DISPOSITION OF ANIMAL				DATE	
Euth				2/2/24	

This form may be used by animal shelters, rescue organizations, and other organizations that care for animals. Information on this form is to be collected and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to 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? N/A Why did they decline to accept? \_\_\_\_\_

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

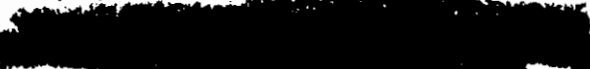
Or



- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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	1:53 AM/PM <input checked="" type="radio"/>	CUSTODY DATE	2/5/24	I.D. Case/No.	35987	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
<input checked="" type="checkbox"/>						
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
Telephone:			- found in brosville - skinny			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
canine	lab	brown	F	2yr	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 <i>Hubert Rust</i>					2/5/24	
DISPOSITION OF ANIMAL					DATE	
Euth					2-5-24	

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

Name:  Date: 2/5/24

Address:  Telephone: 

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

STATEMENTS OF SURRENDER

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

  
Or

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

TIME	4:35 AM/PM	CUSTODY DATE	02-05-24	I.D. Case/No.	35988 35989
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 Can't handle At this time.		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
24 Canine	Rottie	Blk Blk Brn	F	12wk	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 <i>Ana Humane Soc</i>				Feb 5, 2024	
DISPOSITION OF ANIMAL				DATE	
Euth				2/27	

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

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

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

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

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

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

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

X [REDACTED]

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b>
--	------------------------------

CASE NO.	35990-1	CUSTODY DATE	2-6-24	TIME	12:00	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
----------	---------	--------------	--------	------	-------	--

REASON FOR CUSTODY (mark appropriate box)						Danville Expressway
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
1						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Lab	brown	M	8 years	70 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
ACO I. O. Black #172	2-6-24
SIGNATURE & TITLE	

DISPOSITION OF ANIMAL	DATE
Euth at AMC	2-6-24

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.105.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 (M)		CUSTODY DATE			2-6-24	I.D. Case No.	35991 35992
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Pit 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				
[Redacted]				Roaming neighborhood shelter Feeding them				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
TKIK	DSH	Black-White	F	1 YRS 15 WKS	6 lbs 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)				
n	n	n	n	n				
CUSTODY RECORD PREPARED BY							DATE	
Signature & Title: <u>AW</u>							2-6-24	
DISPOSITION OF ANIMAL							DATE	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, P.O. Box 1168, Richmond, VA 23218.

Name: [Redacted]      Date: 2-6-24  
 Address: [Redacted]      Telephone: [Redacted]

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

Signature: [Redacted]

TIME	AM/PM	CUSTODY DATE	Feb 6, 2024		I.D. Case/No.	35993	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter	
<input checked="" type="checkbox"/>							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone: UNKNOWN				Running At Large near Knob Church Rd Fired!			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
CANINE	Pit Bull	BRN	F	5yrs	30-40		
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: Ann Turner Sec						Feb 6, 2024	
DISPOSITION OF ANIMAL						DATE	
Euth						2/4/24	

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

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

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

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

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

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

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

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_



<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	ANIMAL CUSTODY RECORD
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CASE NO.	35995	CUSTODY DATE	2-7-24	TIME	10:25 AM / PM
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REASON FOR CUSTODY (check appropriate box)					
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
					Withers 12

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	A must speak to ACO
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Plt mix	Blk/whr	M	1 year	30 lbs	None

ANIMAL IDENTIFICATION (complete all fields, even if 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
Aco J.P. Black #372	2-7-24

DISPOSITION OF ANIMAL	DATE
Euth	2-7-24

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

11:30 AM PM

2-7-24

35996

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

Same as below      Hold for Health Dept.  
 Telephone:      "Bite"

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
<u>Canine</u>	<u>Corgi mix</u>	<u>yellow</u>	<u>F</u>	<u>3</u>	<u>40 lbs</u>	<u>non</u>

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

SIGNATURE & TITLE    Asst. I.D. Blum #772      2-7-24  
Euth      2-2-27

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

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_

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

Sig \_\_\_\_\_

TIME	1:20 AM/PM	CUSTODY DATE	02-07-24	I.D. Case/No.	35997
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]			AMC-Record Mother passed away <sup>50N</sup> because <sup>she can't read</sup> she doesn't allow any around the place / Breakley" No Animals		
ANIMAL DESCRIPTION "Good Dog"					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
CANINE	YORKIE	GRAY/TAN	M	5 YRS	10#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	NONE Detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Anne James see</i>				02-07-24	
DISPOSITION OF ANIMAL				DATE	
Adopted				2-18-27	

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

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

Characteristics: Good with children good Lived inside Outside Housebroken yes

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

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> <small>The State of Virginia Code § 3.1-796.106.B</small>
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CASE NO.	35998 35999	CUSTODY DATE	2-7-24	TIME	1:25 AM <input checked="" type="checkbox"/> PM
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REASON FOR CUSTODY (mark appropriate box)						1719 Glen St
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
		2				

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit mix	Grey/Brown	M	1 year	40 lbs	None
Canine	Pit mix	light tan	F	1 year	20 lbs	None

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

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <i>A Co I/O, Black #772</i>	2-7-24

DISPOSITION OF ANIMAL	DATE

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §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 1183, Richmond, Virginia 23218.

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> This form is to be used to record the custody of an animal by the State Veterinarian.
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CASE NO.	36000 36001	CUSTODY DATE	2-7-24	TIME	1:25 AM <input checked="" 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
		2			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	<input checked="" type="checkbox"/> Must speak to ACO
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Cattle	Pit mix x 2	Blk / tan	F	1 year	30 lbs	None
		Blk / tan	F	1 year	15 lbs	None

Net 13:11  
294.88

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

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE ACO I.D. Black	2-7-24

DISPOSITION OF ANIMAL	DATE
MTO	2-16-24

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

TIME	4:15	AM/PM	CUSTODY DATE			02-07-24	I.D. Case/No.	360021
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				
[REDACTED]				770 Schoolfield PDBrought in				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
feline	DSH	gray-white	m	3yrs	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 <i>Annex James Sec</i>							02-07-24	
DISPOSITION OF ANIMAL							DATE	
Adopted							2.15.24	

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

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

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

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

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

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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 <sup>15</sup> AM	CUSTODY DATE	02-08-24	LD. Case/No.	36003 36004
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]			Moving Can't take them		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
3x Canine	Beagle Whisker Beagle Must. Shep	White/Tan BRN-LIGHT BRN BTK WINGS	F M F	2 YRS 4 YRS 3 YRS	25# 50# 55#
ANIMAL IDENTIFICATION (complete all that 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 W Manager				02-24	
DISPOSITION OF ANIMAL				DATE	
Euth				2-22-24	

This form may be used by animal control agencies, humane societies, and other organizations for the purpose of reporting animal surrenders. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, VA 23218.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	12 <sup>15</sup> AM	CUSTODY DATE	02-08-24	I.D. Case/No.	36003 36004
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]			MOVING CAN'T TAKE THEM 1) Henley 2) Whisky 3) Shadow		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
3x Canine	Beagle Misty Beag Mist. Shep	White/Tan BRN-LIGHT BRN Blk white	F M F	2 YRS 4 YRS 3 YRS	25# 50# 55#
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: May 7 BURR					2-08-24
DISPOSITION OF ANIMAL					DATE
Euth					3-5-24

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

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

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

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

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TIME	12 <sup>45</sup> AM/PM	CUSTODY DATE	02-08-24	I.D. Case/No.	36006 36007	
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]			Sister in nursing home wgn't be returning home. Co. President			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
2x felino	DSH	Black-white	M F	1 yr	10# 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>Ama Turner Sec</i>					02-08-24	
DISPOSITION OF ANIMAL					DATE	
Trans					2-8-24	

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

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken Yes  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets Dispute  
 Did you contact another shelter about this animal? Yes Why did they decline to accept? Need approx. 1 month  
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> <small>The Code of Virginia, § 53.1-796.105.B and Code of Virginia</small>
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CASE NO.	36008	CUSTODY DATE	2-8-24	TIME	11:55	AM / <input checked="" type="checkbox"/> PM
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REASON FOR CUSTODY (mark appropriate box)					
Stray	Owner Surrender	<del>Seized</del> Impound	Bite Case	Transfer from other locality/facility	Other
		1			

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit mix	wht	M	7 Months	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: ACO F.P. Black # 374	2-8-24

DISPOSITION OF ANIMAL	DATE
Euth	3-2-24

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society or humane investigators to record and maintain the information required by 53.1-796.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian by the Department of Agriculture.

TIME	1:15	AM/PM	CUSTODY DATE			02-08-24	I.D. Case/No.	3600 36010
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					36012 36013 36014 36015		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
[REDACTED]				CAN'T keep all these				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
7x Canine	Great Dane Pit	Black-white		B-M 4F	2 mos.	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 <i>Ann Juma Sec</i>							02-08-24	
DISPOSITION OF ANIMAL							DATE	
Euth							2/12/24	

TIME	4:20 AM (M)	CUSTODY DATE	02-08-24	I.D. Case/No.	7616
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]			Purdym said can't read she was. Aggressive toward people		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Carino	Pitbull	9/4 White	F	5 YRS	70#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	NONE	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Ann James - sec</i>					02-08-24
DISPOSITION OF ANIMAL					DATE
Euth					2/2/24

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

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

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

Characteristics: Good with children 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.

*X* \_\_\_\_\_

50

TIME	4:30 AM/PM	CUSTODY DATE	02-08-24	I.D. Case/No.	36017
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			They ARE going to TRADING them STRAY		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	gray	M	1 1/2	10#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	None	None	None detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Anna Turner - Sec</i>					02-08-24
DISPOSITION OF ANIMAL					DATE
Trans					2-15-27

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

Name  Date 02-08-24  
 Address  Telephone \_\_\_\_\_

Characteristics: Good with children yes Lived Inside/Outside Housebroken  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter 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~~  relinquish custody to the Danville Area Humane Society.

Signature 

Or

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

Signature \_\_\_\_\_

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b>
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CASE NO.	36018	CUSTODY DATE	2-9-24	TIME	8:5	AM / PM	
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**REASON FOR CUSTODY (check appropriate box)**

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

<b>OWNER'S NAME &amp; ADDRESS (if known)</b>	<b>ADDITIONAL INFORMATION</b>
Telephone:	

**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit mix	Brown	M	4 months	15/65	None

**ANIMAL IDENTIFICATION (complete on THE BODY of ANIMALS TRANSFER)**

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

<b>CUSTODY RECORD PREPARED BY</b>	<b>DATE</b>
SIGNATURE & TITLE <i>Alicia P. Black PCH 372</i>	2-9-24

<b>DISPOSITION OF ANIMAL</b>	<b>DATE</b>
Euth	2/9/24

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 §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) 796-2493, P.O. Box 1163, Richmond, Virginia 23218.

TIME	10:15 (A)M/PM	CUSTODY DATE	2-9-24	I.D. Case/No.	36019	
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]				[Redacted]		
Telephone: [Redacted]						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	Siamese Flamepoint	White/tan	N-M	6 mos	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		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>Paulette Dean, Director</i>					2/9/24	
DISPOSITION OF ANIMAL					DATE	
Adopted					2-10-24	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 788-2483, P.O. Box 1153, Richmond, VA 23218.

Name: [Redacted] Date: 2/9/24  
 Address: [Redacted]

Characteristics: Good with children  Lived Inside Outside Housebroken   
 Disposition  Health  Gets along well with other pets   
 Did you contact another shelter about this animal? NO Why did they decline to accept? -DAYS is only shelter they trust  
 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 \_\_\_\_\_





10:45 **AM/PM**

2-9-24

36024

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

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

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Cat mix x 2	Pit mix x 2	Brown Orange/white	M M	3 months	2 lbs	None

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

SIGNATURE & TITLE Aco F.D. Bisset PRT#371      Date 2-9-24

Euth      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) 786-2453, P.O. Box 1163, Richmond, VA 23218.

Name: \_\_\_\_\_ Date: 2-9-24  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Characteristics: Good with children \_\_\_\_\_ Lived inside/outside \_\_\_\_\_ Housebroken \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter about this animal? \_\_\_\_\_ Why did they decline to accept? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the past 10 days? \_\_\_\_\_

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	1:20 AM/PM	CUSTODY DATE	2-9-21	I.D. Case/No.	34026
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]			COCO		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
K-9	German Sh-P Husky	Brown	F	8m	60
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Max E. [Signature]</i>					
DISPOSITION OF ANIMAL				DATE	
E.M.				2-7-21	

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

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

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

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

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

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_



TIME	4:50 AM/PM	CUSTODY DATE	2-9-24	I.D. Case/No.	34029
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]			Gracie		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
K-9	lab	Black	3F	2yr	65
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Mary F. Becht</i>					2-9-24
DISPOSITION OF ANIMAL					DATE
Euth					2-22

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? NO Why did they decline to accept? \_\_\_\_\_

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

STATEMENTS OF SURRENDER


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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

<b>TIME</b>	12:30 AM/PM	<b>CUSTODY DATE</b>	02/10/24	<b>I.D. Case/No.</b>	36030
<b>REASON FOR CUSTODY (mark appropriate box)</b>				<b>LOCATION WHERE CUSTODY WAS TAKEN</b>	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
/					
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>			<b>ADDITIONAL INFORMATION</b>		
Telephone:			Very Friendly " "		
<b>ANIMAL DESCRIPTION</b>					
<b>SPECIES</b>	<b>BREED</b>	<b>COLOR/MARKINGS</b>	<b>SEX</b>	<b>APPROX AGE</b>	<b>APPROX WEIGHT</b>
Canine	Chex	Blk/Tan	M	2	5/6
<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")</b>					
<b>CITY/COUNTY LICENSE NUMBER</b>	<b>RABIES TAG NUMBER</b>	<b>TATTOO</b>	<b>COLLAR (Color, type, etc.)</b>	<b>OTHER IDENTIFICATION (specify)</b>	
None	None	None	None	None & Eared	
<b>CUSTODY RECORD PREPARED BY</b>					<b>DATE</b>
SIGNATURE & TITLE 					02/10/24
<b>DISPOSITION OF ANIMAL</b>					<b>DATE</b>
Euth at AMU					2.7.23

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

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	9:00 AM/PM	CUSTODY DATE	2-10-24	I.D. Case/No.	36031	
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			has wound around shoulders, really bad fleas			
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
feline	short hair	gray tabby	M	2 yr	6lb	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>[Signature]</i>				02/10/24		
DISPOSITION OF ANIMAL				DATE		
Euth				2/27		

Martinsville

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years. Information on this form is to be summarized and submitted to the State Department of Agriculture. This form may be directed to the office of the State Department of Agriculture.



Date: 2-10-24

Telephone: ~~XXXXXXXXXX~~

Housebroken: \_\_\_\_\_

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

Do you decline to accept? \_\_\_\_\_

How many days? \_\_\_\_\_

Danville Area Humane Society.

I hereby agree to assume all property rights in such animal. If I do not, the animal may be immediately euthanized in accordance with the Code of Virginia, subdivisions 1 through 5. When used for 24 hours before being adopted, I understand that this is not possible in all cases, and I also understand the procedures if I decide I want the animal.

✓

X

TIME	3:30 AM/PM	CUSTODY DATE	2-10-24	I.D. Case/No.	36032
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]			Cherry eyes		
Telephone: [REDACTED]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Beagle	#ri	F	1yr	15#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	not detected.	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE [Signature]					2-10-24
DISPOSITION OF ANIMAL					DATE
Transfer					3-13-24 [Signature]

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

Name: [REDACTED] Date: 2-10-24  
 Address: [REDACTED] Telephone: [REDACTED]

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

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	7:06 AM <input checked="" type="radio"/> PM	CUSTODY DATE	2/11/24	I.D. Case No.	36033
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone:			- found on Goodyear Rd.		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEEKS
Canine	Shep x	black	F?	2yrs	30
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	NONE	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Rebecca Post</i>					2/11/24
DISPOSITION OF ANIMAL					DATE
Euth					2-23-24

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

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

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

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

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

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	11:00 AM/PM	CUSTODY DATE	02-12-24	I.D. Case/No.	36234
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]			Medical Reason SAIGON		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pit	BRIND/white	WM	3YRS	80#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	99100141 229016	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Ann Turner - SAC				7/8/2, 2024	
DISPOSITION OF ANIMAL				DATE	
Euth				2-12-24	

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

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

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

TIME	12 <sup>10</sup> AM/PM		CUSTODY DATE	02-12-24		I.D. Case/No.	36035	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter		
<input checked="" type="checkbox"/>								
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
Telephone: UNKNOWN				Roaming AROUND Apt				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER		
Canine	Pit	Brown/white	M	2 yrs	30#	None		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)			
None	None	None	None		None			
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE <i>Anne Farmer Sec</i>						02-2-201		
DISPOSITION OF ANIMAL						DATE		
Euth						2-1-21		

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

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

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

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

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

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

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

STATEMENTS OF SURRENDER

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

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

Or

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

Signature \_\_\_\_\_

TIME	2:30 AM/PM		CUSTODY DATE	02-12-24		I.D. Case/No.	30336 36039	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter 36038		
	X							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
[REDACTED]				moving 45 said CAN'T reach them 1 Ann 2-memo				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
3 Carins	Amer Pit	Black - chest tan	F	4-7RS 6WKS	30# 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 et				
CUSTODY RECORD PREPARED BY						DATE:		
SIGNATURE & TITLE						DATE		
Ann Janner-see						0		
DISPOSITION OF ANIMAL						DATE		
Euth						2/12/24		

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

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

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3-2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will hold owner-released animals for 24 hours before allowing them to be euthanized. It may not be possible in all cases, and I also acknowledge that I will follow the policies and procedures if I decide I want the above described animal.

Signature \_\_\_\_\_

TIME	5	AM/PM	CUSTODY DATE	02-12-24	LD. Case/No.	3639
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
<input checked="" type="checkbox"/>					shelter	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone: unknown				it tear up everything in house. Not good with children. <del>return</del>		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Grey Shep	BLK-BRN	F	6 mos	30#	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>Ann Turner - Sec</i>					02-12-24	
DISPOSITION OF ANIMAL					DATE	
Euth					2-27-24	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to report and maintain the information required by the Code 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, 2041-2042-2043 P.O. Box 1103, Richmond, VA 23218.

Name: \_\_\_\_\_ Date: 02-12-24  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Characteristics: Good with children NO Lived Inside/Outside Inside Housebroken NO  
 Disposition Health Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter about this animal? NO Why did they decline to accept? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the past 10 days? NO 3 mos.

STATEMENTS OF SURRENDER

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

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

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

Signature \_\_\_\_\_

TIME	12:45 AM/PM	CUSTODY DATE	02-13-24	I.D. Case/No.	36040 36041
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 ON RIVERSIDE DRIVE "Stray"		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	hound x	Black/white	F	12wks	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 <i>Anna Turner-Sac</i>				02-13-24	
DISPOSITION OF ANIMAL				DATE	
Euth				2-20-24	

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



This form is to be submitted to the State Department of Agriculture and may be directed to the State Department of Agriculture.

Date 02-13-24  
 Telephone 419 987 7662  
 Housebroken   
 I will have other pets Not Sure  
 I agree to accept?

Danville Area Humane Society

I hereby give up all property rights in such animal. The animal may be immediately sold to any of the subdivisions 1 through 6. When animals are held for 24 hours before being sold, I agree to accept the terms in all cases, and I also agree to accept the procedures if I decide I want the

TIME	12:45 AM/PM	CUSTODY DATE	02-13-24	I.D. Case/No.	36640 36041
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
X					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone: UNKNOWN			Sound ON RIVERSIDE DRIVE Stray		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Hound x	Black/white	F	12wks	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	IVONE	NONE	NONE	None Detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Anne Turner-Soc</i>				02-13-24	
DISPOSITION OF ANIMAL				DATE	
<i>Euth</i>				3-7-24	

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

Name: [Redacted] Date: 02-13-24

Address: [Redacted] Telephone: [Redacted]

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

STATEMENTS OF SURRENDER

I do not own the 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

TIME	2:20 AM/PM	CUSTODY DATE	Feb. 13, 2024	I.D. Case/No.	36092
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]			Safe Keeping - 227 - Pauletta gave her 1 more week - March 5 2 wks Feb 27, 2024		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Aussie Poodle	White/BK	M	8 mos	56#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Anna Ferrer-Sec</i>					02-13-24
DISPOSITION OF ANIMAL					DATE
RTO					3-5-4

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

X  
 Signature \_\_\_\_\_  
 [REDACTED]

TIME	2:30 AM/PM	CUSTODY DATE	Feb 13, 2024	I.D. Case/No.	36043
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]			Safe Keeping 2/26/24 Asking for more time 2 weeks Paulette gave money 3/5/24 Called 7/6/24 2024		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	BRN-White	MA	1 YRS	10#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
~	~	~	~	none listed	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Ann Turner-Sec</i>					Feb 13, 2024
DISPOSITION OF ANIMAL					DATE
RTO					3-5-24

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

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

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

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

TIME	2:35 AM/PM	CUSTODY DATE	02-13-24	I.D. Case/No.	36044
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[REDACTED]				Just had New Baby just too much at this time.	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
Canine	Shih-Tzu	BLACK-white	M	7yrs	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	[REDACTED]	
CUSTODY RECORD PREPARED BY					
SIGNATURE & TITLE				DATE	
Carmen Turner-Soc				02-13-24	
DISPOSITION OF ANIMAL				DATE	
Adoption				2-22-22	

100  
11880  
156  
794

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to 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 DF Health good Gets along well with other pets Never Bared/rouned  
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 Kristen Coyle

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	ANIMAL CUSTODY RECORD
--	-----------------------

CASE NO.	36045 36046	CUSTODY DATE	2-13-24	TIME	2:40 AM <input checked="" type="checkbox"/> PM
----------	----------------	--------------	---------	------	--

REASON FOR CUSTODY (check appropriate box)

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

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

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DLH	Blk	F	1 year	8 lbs	none
	DMH	Grey				

ANIMAL IDENTIFICATION (complete all applicable items)

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 J. D. B. [Signature]	Date: 3-2

DISPOSITION OF ANIMAL	DATE
Euth	2-2-21

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

TIME	4:15 AM/PM	CUSTODY DATE	02-13-14	I.D. Case/No.	36047
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]			4233 level run rd, hurt va 24563		
Telephone: [REDACTED]			Feral		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2x Feline	DSH	GRY/Tabby	F	15wks	6#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	NONE Det.	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Anna Linn-Jac</i>					02-13-14
DISPOSITION OF ANIMAL					DATE
Trans					2-5-14

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

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_

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

Did you contact another shelter about this animal? Yes PC Why did they decline to accept? They Don't Take Feral Cats  
 Has the animal bitten or scratched a person or animal within the past 10 days? NO  
Take to Danv

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_



Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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 <sup>35</sup> AM/PM	CUSTODY DATE	02-14-24	I.D. Case/No.	36049
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			Trap -		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH Siamese	Siamese	M	3yrs	10#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None Det	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Ann Turner-Sac</i>					02-14-24
DISPOSITION OF ANIMAL					DATE
Trans					2-28-24

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 788-2100, P.O. Box 1163, Richmond, VA 23218.

Name  Date 02-14-24  
 Address  Telephone \_\_\_\_\_

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside Outside Housebroken \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter about this animal? \_\_\_\_\_ Why did they decline to accept? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the past 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	12 <sup>40</sup> AM/PM	CUSTODY DATE	02-14-2024	ID. Case/No.	36050 36051	
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			29 North outside City Limits			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Chi	Black-TAN	M	10yrs	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		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE <i>Ann James - Sec</i>				02/14/2024		
DISPOSITION OF ANIMAL				DATE		
Euth				2824		

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and shall be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions 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: 2-14-2024

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 [Redacted] 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	1:20 AM/PM	CUSTODY DATE	02-14-2024	I.D. Case/No.	36052
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]			Living space to small - All of this is cant Crise let Roam outside		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
Canine	Pitbull	White/Brindle	M	9-10 mos	60 lbs
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	9004	None	None	None	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>John Turner - Sec</i>					02-14-24
DISPOSITION OF ANIMAL					DATE
Euth					2-14-24

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

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

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

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

Disposition good    Health good    Gets along well with other pets yes

Did you contact another shelter about this animal? yes    Why did they decline to accept? NO *Denying to May!*

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	4:45 AM/PM	CUSTODY DATE	02-14-24	LD. Case/No.	36053
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			Roaming Riverside Dr. By Chick FLA movie		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Lab	Black/White	F	5-6 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 detect.	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Anne Farmer - Sec</i>					02-14-24
DISPOSITION OF ANIMAL					DATE
Euth					02-27-24

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, 1100 North 14th Street, Richmond, VA 23218.

Name: [Redacted]      Date: 02-14-24  
 Address: [Redacted]      Telephone: [Redacted]

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

**STATEMENTS OF SURRENDER**

I do not own the above described animal and I 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	10 AM/PM	CUSTODY DATE	02-14-24	I.D. Case/No.	36055
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		
			DRAFT		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	GRY/TABBY	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	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Ann James</i>					0-14-24
DISPOSITION OF ANIMAL					DATE
Euth					2-0-24

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to report and maintain the information required by the Code of Virginia. The reports shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian 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 12<sup>30</sup> AM/PM CUSTODY DATE 02-15-24 I.D. Case/No. 36056

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 Moving can't take her having little girl. Angel

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Border Collie	Tan white	F	7/8yrs	10#	None

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

CUSTODY RECORD PREPARED BY Ann James - Spc DATE 02-15-24

DISPOSITION OF ANIMAL Adopted DATE 2-27-24

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

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature 

12:50 AM/PM

2-15-24

36657

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

"Thor"

Telephone:

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
canine	Pit mix	wht <del>blk spots</del>	M	1 year	40 lbs	non

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

SIGNATURE & TITLE    Acc I.D. Black #372    2-15-24

Ecby    2.2.24

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 789-2483, P.O. Box 1163, Richmond, VA 23218.

Name \_\_\_\_\_ Date 02-15-2024  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_

Characteristics: Good with children \_\_\_\_\_ Lived inside/outside \_\_\_\_\_ Housebroken \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter about this animal? \_\_\_\_\_ Why did they decline to accept? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the past 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	2:50 AM/PM	CUSTODY DATE	02-15-24		I.D. Case/No.	36058	
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 (if known)				ADDITIONAL INFORMATION			
[REDACTED]				She found in Danville - dog home with her than decide NOT to keep her. Never Been to Vet.			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Pit	Black-Whit	F	8 WKS	8#	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 detent.			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>Anna James - Sec</i>						02-15-24	
DISPOSITION OF ANIMAL						DATE	
Euth						3-2-24	

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

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

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

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

Disposition \_\_\_\_\_ Health NO Gets along well with other pets Yes

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

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

### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

TIME	4:20 AM	CUSTODY DATE	02-15-24	I.D. Case/No.	36059 36060
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]			He wants the Mother BACK if Not Adopted X Adopt - mother		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
12X 11P Canine	Boxer	2-Tan a white 7oz. white	♂	1yr	5wk
ANIMAL IDENTIFICATION (complete all that 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 Anne James - Sec				02-15-24	
DISPOSITION OF ANIMAL				DATE	
Adopted				2-27-27	

36061  
36062  
36063  
36064  
36065  
36066  
36067  
36068  
36069  
36070

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

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

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

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

TIME	4:20 AM (PM)		CUSTODY DATE	02-15-24		ID. Case No.	36059 36060	
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					36062 36063 36064 Adopted 36065 36066		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
[REDACTED]				He WANTS the Mother BACK if Not Adopted. X Adopt - mother				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
12X 11P Canine	Boxer	2-Tan 2-White 7-Brown	3-F 9-M	1YR 5WK		None		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)				
None	None	None	None	None dot.				
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE: Ann Farmer - Sec						02-15-24		
DISPOSITION OF ANIMAL						DATE		
Adopted						2-20-24		

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Character Dispositio  
Did you or  
Has the a

I do not or

Signature

1  
2  
3  
4  
5  
6  
7  
8  
9  
10

above-described animal back.

Signature

2 - Tan  
2 - White  
7 - Brindle  
None BK/Tan  
1 - F Mother  
3 girls  
8 boys

nal.  
en  
10

Adopted 2/28

TIME	4:20 AM	CUSTODY DATE	02-15-24	I.D. Case/No.	36059 36060
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]			He wants the Mother BACK if Not Adopted X Adult - mother		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
12X 11P Canine	Boxer	2-Tan 2-White Blk-Tan 7-Brindle	3F 9-M	1415 5WK	
ANIMAL IDENTIFICATION (complete all that 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 Anne Jamun - Sec				02-15-24	
DISPOSITION OF ANIMAL				DATE	
Transfer				2-28-24	

36061  
36062  
36063  
36064  
ADPTED 36065  
36066  
36067  
36068  
36069  
36070

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

Name										
Address										
Character Dispositio										
Did you cr										
Has the a										
I do not or										
Signature	2-Tan	2-White	7-Brindle	None Blk/Tan	1-F Mother	3 girls	8 boys			
Signature	[Signature]									

above-described animal back.

nal.  
en  
re

TIME	4:45 AM/PM	CUSTODY DATE	02-15-24	L.D. Case/No.	36071 36072
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]			BORN Dec 23		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
3/4 Feline	DSh	Blk-white	2YR 1-F	2mos.	1#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	None	None	None	None	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Anne Jamer-sec</i>					2-5-24
DISPOSITION OF ANIMAL					DATE
Euth					2.1.27

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

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

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

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken NO  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets NO  
 Did you contact another shelter about this animal? 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 \_\_\_\_\_

TIME	12:15 AM/PM	CUSTODY DATE	2-16-24	I.D. Case/No.	36074	
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]			Nova			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Pit Bull	Pit Bull	Tan	F	11 wk	10#	nsu
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None Del		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>Mary E. Burrell</i>					2/16/24	
DISPOSITION OF ANIMAL					DATE	
Adopted					2-19-24	

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

<b>TIME</b>	12:30 AM/PM	<b>CUSTODY DATE</b>	2/16/24		<b>I.D. Case/No.</b>	36075 36076
<b>REASON FOR CUSTODY (mark appropriate box)</b>					<b>LOCATION WHERE CUSTODY WAS TAKEN</b>	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	<input checked="" type="checkbox"/>				DAHS	
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>				<b>ADDITIONAL INFORMATION</b>		
[Redacted]				Katie Dottie Black		
<b>ANIMAL DESCRIPTION</b>						
<b>SPECIES</b>	<b>BREED</b>	<b>COLOR/MARKINGS</b>	<b>SEX</b>	<b>APPROX. AGE</b>	<b>APPROX. WEIGHT</b>	<b>OTHER</b>
2X K9	Chix	Blk/White/Brown Black	2 <sup>SP</sup> F	8 yrs	20#	
<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")</b>						
<b>CITY/COUNTY LICENSE NUMBER</b>	<b>RABIES TAG NUMBER</b>	<b>TATTOO</b>	<b>COLLAR (Color, type, etc.)</b>	<b>OTHER IDENTIFICATION (specify)</b>		
none	none	none	none	none dot.		
<b>CUSTODY RECORD PREPARED BY</b>					<b>DATE</b>	
SIGNATURE & TITLE <i>May E. Beards</i>					2/16/24	
<b>DISPOSITION OF ANIMAL</b>					<b>DATE</b>	
Transfer					3-13-21	

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

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

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

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

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_

Or

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

<b>TIME</b>		1:35 AM/PM		<b>CUSTODY DATE</b>		2/16/24		<b>I.D. Case/No.</b>		36077	
<b>REASON FOR CUSTODY (mark appropriate box)</b>								<b>LOCATION WHERE CUSTODY WAS TAKEN</b>			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		DAH				
<input checked="" type="checkbox"/>											
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>						<b>ADDITIONAL INFORMATION</b>					
Telephone:						found in Henry County					
<b>ANIMAL DESCRIPTION</b>											
<b>SPECIES</b>	<b>BREED</b>	<b>COLOR/MARKINGS</b>		<b>SEX</b>	<b>APPROX AGE</b>	<b>APPROX WEIGHT</b>	<b>OTHER</b>				
ke	lab/mix	white		F	3	50					
<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")</b>											
<b>CITY/COUNTY LICENSE NUMBER</b>	<b>RABIES TAG NUMBER</b>	<b>TATTOO</b>	<b>COLLAR (Color, type, etc.)</b>		<b>OTHER IDENTIFICATION (specify)</b>						
none	none	none	none		none det						
<b>CUSTODY RECORD PREPARED BY</b>										<b>DATE</b>	
SIGNATURE & TITLE <i>Mary F. Brunette</i>										2/16/24	
<b>DISPOSITION OF ANIMAL</b>										<b>DATE</b>	
Euthy										2/22	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane society. This record shall be maintained for at least five years. Information on this form is to be summarized and submitted to the State. A copy of this form may be directed to the office of the State.



Date 2/16/24

Telephone [REDACTED]

Housebroken NO

Gets along well with other pets NO

May decline to accept? NO

Days? NO

Danville Area Humane Society.

I hereby agree to release the animal under all property rights in such animal. I understand that the animal may be immediately returned to me in D, subdivisions 1 through 5. When I have not claimed the animal for 24 hours, I understand that the animal will be placed in a foster home. I understand that I am responsible for the animal in all cases, and I also understand the procedures if I decide I want the animal.

TIME	3:40 AM/PM	CUSTODY DATE	2/16/24	I.D. Case/No.	36076
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]			Scarlett		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Ferrett		Brown	F	2	1#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Mary E Burrell</i>					
DISPOSITION OF ANIMAL				DATE	
Trans				4-26-24	

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

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

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

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

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

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

Has the animal bitten or scratched a person or animal within the past 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	120 AM/PM	CUSTODY DATE	2-17-24	I.D. Case/No.	36079	
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	OTHER
canine	great dane	brown/blk	M	3yrs	90#	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 					2-17-24	
DISPOSITION OF ANIMAL					DATE	
Transition					3-21-24	

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

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

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

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

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

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

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

STATEMENTS OF SURRENDER

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

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

Or

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

Signature \_\_\_\_\_

TIME	3:40 AM/PM	CUSTODY DATE	2-17-24	I.D. Case/No.	36080
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:			CAT		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Tortoiseshell	F	1yr.	10#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					DATE
DISPOSITION OF ANIMAL					DATE
Keth					2-22-24

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, 1100 North 11th Street, Raleigh, NC 27603-1100, or 1-800-441-4444, or 919-733-2321.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other \_\_\_\_\_  
 Did you contact another shelter about this animal? \_\_\_\_\_ Why did they decline to accept? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the past 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	2:10 AM/PM	CUSTODY DATE	02-19-24	I.D. Case/No.	36085 36086	
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 AFTER TRASH & DROPPED THE SUIB NOT SURE WHERE AT BECAUSE SHE DOESN'T LIVE AROUND HERE			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
3X Canine	SheepX	BLACK <sup>2F</sup> BLK <sup>2F</sup> WH <sup>1M</sup>	2F 1M	8WKS	4#	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>Ann Jannic</i>				02-19-24		
DISPOSITION OF ANIMAL				DATE		
Transfer				2-29-24		

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, 2017-2018, P.O. Box 1183, Richmond, VA 23218.

Name: [Redacted] Date: 02-19-24  
 Address: [Redacted] Telephone: N/A

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

STATEMENTS OF SURRENDER

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

Signature: [Redacted] Or

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

Signature \_\_\_\_\_

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	5:45 AM/PM	CUSTODY DATE	02-19-24		I.D. Case/No.	26088			
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					Blind in left eye looks to be sick found upon Westover Dr				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Feline	DSH	Blk-White		M	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 dot.				
CUSTODY RECORD PREPARED BY:						DATE			
SIGNATURE & TITLE: Anne Turnersoc						02-19-24			
DISPOSITION OF ANIMAL						DATE			
Euth						14.27			

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, 1100 North 15th Street, Richmond, VA 23218.

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

**STATEMENTS OF SURRENDER**

I do not own the above described animal and I relinquish custody to the Danville Area Humane Society.  
 Sign: \_\_\_\_\_  
 Or

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

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	5:47 AM	CUSTODY DATE		02-19-24		I.D. Case/No.	B-089		
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter			
<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>				
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
Telephone: UNKNOWN					PD Brought in Northmain 337 Bedford Way				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Canine	Lab	Tan		M	2yrs	25lb	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	Chain		None				
CUSTODY RECORD PREPARED BY							DATE		
SIGNATURE & TITLE Ann James - Sec							02-19-24		
DISPOSITION OF ANIMAL							DATE		
Euth							3-5-24		

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

Name \_\_\_\_\_ Date 02-19-24

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

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

STATEMENTS OF SURRENDER

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

Signature Off I Rosser PD 419

Or

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

TIME	6:30	AM/PM	CUSTODY DATE	2-20-24	I.D. Case/No.	30090
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAYS
X						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone: PROX OFF Cases				gave vac. summons		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Dog	Mexy	Black/white	m	4w	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	not detected		
CUSTODY RECORD PREPARED BY						DATE
SIGNATURE & TITLE A. Coffey						2-20-24
DISPOSITION OF ANIMAL						DATE
Euth						3-12-24

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

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

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

TIME	6:30 AM/PM	CUSTODY DATE	2-20-24	I.D. Case/No.	36091	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
X						
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
Telephone: Drop off			DAHS			
<b>ANIMAL DESCRIPTION.</b>						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DLH	grey tabby	F.	2y	10 <sup>H</sup>	new
<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")</b>						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
none	none	none	none	none collected.		
<b>CUSTODY RECORD PREPARED BY</b>					<b>DATE</b>	
SIGNATURE & TITLE <i>A. C. [Signature]</i>					2-20-24	
<b>DISPOSITION OF ANIMAL</b>					<b>DATE</b>	
Trans					2.29.24	

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

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

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

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

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

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

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

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	8:30 AM/PM	CUSTODY DATE	2-20-24	I.D. Case/No.	36092
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:			DAYS		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Orange tab	m	2y	20lb
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	not detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>A. Cook</i>					2-20-24
DISPOSITION OF ANIMAL					DATE
Euth					2-27-24

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

Name: \_\_\_\_\_ Date: 2/20/24  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

**STATEMENTS OF SURRENDER**

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

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

Or

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

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

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	3:20 AM/PM	CUSTODY DATE	02-20-24	I.D. Case/No.	36093				
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					Bite Hes Dogs AHHKecf				
ANIMAL DESCRIPTION						HOK 1st			
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Canine	Pit	gray white	M	3yrs	80#	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>Anne Turner - sec</i>								02-20-24	
DISPOSITION OF ANIMAL								DATE	
<i>Eush</i>								02-25-24	

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: 703/14  
 Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside Outside Housebroken \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter about this animal? \_\_\_\_\_ Why did they decline to accept? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the past 10 days? AVA Hes Dogs

STATEMENTS OF SURRENDER

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

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

Or

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

TIME	7:00 AM/PM	CUSTODY DATE	02/21/2024	I.D. Case/No.	36094
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			gray/white male pit aggressive/scared		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pit	gray/white	M	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	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					2/21/24
DISPOSITION OF ANIMAL					DATE
Euth					2-26-24

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

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter about this animal? \_\_\_\_\_ Why did they decline to accept? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the past 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	7:00 AM/PM	CUSTODY DATE	02/21/2024	I.D. Case/No.	36095	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
Telephone: UNKNOWN			Black/white female Pit aggressive/scared			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit	Black/white	F	5	50lb	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE 					2/21/24	
DISPOSITION OF ANIMAL					DATE	
Euth					2-8-24	

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

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

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

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

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

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

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

**STATEMENTS OF SURRENDER**

I do not own the \_\_\_\_\_ I relinquish custody to the Danville Area Humane Society.

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

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

Signature \_\_\_\_\_

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b>
--	------------------------------

CASE NO.	36696	CUSTODY DATE	2-21-24	TIME	10:00	(AM) / PM
----------	-------	--------------	---------	------	-------	-----------

REASON FOR CUSTODY (check appropriate box)					
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
					1

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DMH	Orange	M	3 years	11 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.P. Black PD #372	2-21-24

DISPOSITION OF ANIMAL	DATE
MTO	2.22.24

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

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

CASE NO.	36097 36098	CUSTODY DATE	2-21-24	TIME	10:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
----------	----------------	--------------	---------	------	--

REASON FOR CUSTODY (mark appropriate box)						DOES ANIMAL HAVE CUSTODY TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	[REDACTED]
					2	

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Cattle	Australian	Blk/Wht	F	2 years	30 lbs	None
	Shepherd mix	Blk/Gry	F	8 years	50 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
[REDACTED]	2-21-24
[REDACTED]	2-24
SIGNATURE & TITLE	A/C I. B. [REDACTED] #372

DISPOSITION OF ANIMAL	DATE
MTO	2-22-24

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

TIME	133 AM	CUSTODY DATE	02-21-24	I.D. Case/No.	6099
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]			CAN'T handle ANY more with small children "Zoey"		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
Canine	Pitbull	Blue white	F	7 YRS	35#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, VPS, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				DATE	
DISPOSITION OF ANIMAL				DATE	
Euth				2/28/24	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or animal investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for a period of 5 years, and must be made available for public inspection upon request. Information on this form is to be submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, VA 23216.

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

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

Characteristics: Good with children YES Lived Inside/Outside Housebroken YES Gets along well with other pets. NO  
 Disposition Good Never Bait Above Dog - Cats  
 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 \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	3:05 AM (PM)		CUSTODY DATE	02-21-24		I.D. Case/No.	30100	
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 bear feeding all cats than trap them.				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Feline	DLH	Orange-white	M	~ 6 YR	6#			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)				
None	None	None	None	None done				
CUSTODY RECORD PREPARED BY:						DATE:		
SIGNATURE & TITLE: Anne Trimmer Soc						02-21-24		
DISPOSITION OF ANIMAL						DATE		
Euth						2.21.24		

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

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

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

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

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

Did you contact another shelter about this animal? YES Why did they decline to accept? 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	4:10 AM/PM	CUSTODY DATE	02-27-24	I.D. Case/No.	36101
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[REDACTED]				CALL 2/20 said she can't keep NO longer.	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
15x Canine	Labx	2 BK/GRY 2 TAN/W - BRN/WHT	2M 4F	1Y 2M	45#
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				DATE	
Anne Jarner sec call 981020013252963				02-21-24	
DISPOSITION OF ANIMAL					
Euth					
DATE					
2-27					

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

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

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

Characteristics: Good with children YES Lived Inside/Outside Outside 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 animal.

Signature \_\_\_\_\_

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b>
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CASE NO.	36106	CUSTODY DATE	2-22-24	TIME	11:35 AM <input checked="" type="checkbox"/> PM
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REASON FOR CUSTODY (mark appropriate box)						Owner's Name & Address (if known) Telephone:
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
1						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLORMARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit mix	tiger stripe	F	1 year	25 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	MULTI color	None

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE: ACO I.D. Black #322	2-22-24

DISPOSITION OF ANIMAL	DATE
LTD	2.22.24

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.105.B of the Code of Virginia. This record shall be maintained for not less than five years, and must be made available for public inspection upon request. Information on this form is to be summarized and filed 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	1:45 (AM/PM)	CUSTODY DATE	02-22-24	I.D. Case/No.	36107
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			MTCROSS - Found Running At Large		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Shep x	TAN	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	None Detected	
CUSTODY RECORD PREPARED BY:					DATE
SIGNATURE & TITLE: <i>Ann Janner-see</i>					02-22-24
DISPOSITION OF ANIMAL:					DATE
Euth					2-28-24

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

Name: \_\_\_\_\_ Date: 02-22-24  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Characteristics: Good with children Yes    Lived Inside/Outside Housebroken    NO Sure  
 Disposition:    Health: 7    Gets along well with other pets: NO  
 Did you contact another shelter about this animal? NO    Why did they decline to accept? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

STATEMENTS OF SURRENDER

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

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

Or

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

Signature \_\_\_\_\_

TIME	2:35 AM/PM	CUSTODY DATE	02-22-24	I.D. Case/No.	36108	
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	OTHER
Felina	DSH	Gray + Abby	AA	3 mos	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	No Det		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>Ana Turner Sec</i>					Feb 22 2024	
DISPOSITION OF ANIMAL					DATE	
Trans					2.29.24	

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

Name: \_\_\_\_\_ Date: Feb 22 2024  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Characteristics: Good with children Yes Lived Inside/Outside Outside 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 hereby \_\_\_\_\_ and I relinquish custody to the Danville Area Humane Society.  
 \_\_\_\_\_  
 Or

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

Signature \_\_\_\_\_

TIME	2:30	AM/PM	CUSTODY DATE	2-22-24	I.D. Case/No.	36109
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]	She Adopted - 12-04-23 High energy - torn hand/arm up BA "LUKE"

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	JR	Blk-White	NM	8 mos.	8#	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	Anne Lumsden	2-22-24
DISPOSITION OF ANIMAL		DATE
Adopted		2-21-24

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

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

Characteristics: Good with children \_\_\_\_\_  
Disposition \_\_\_\_\_ Health \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken NO  
Gets along well with other pets NOT CATS  
Did you contact another shelter about this animal? \_\_\_\_\_ Why did they decline to accept? \_\_\_\_\_  
Has the animal bitten or scratched a person or animal within the past 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 \_\_\_\_\_

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> This form is to be used to record the custody of an animal from the date of capture or seizure to the date of release or adoption.
--	--

CASE NO.	36110	CUSTODY DATE	2-22-24	TIME	2:30 AM <input checked="" type="checkbox"/> PM
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REASON FOR CUSTODY (mark appropriate box)						900-Bk Arnett B Wz
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
1						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
canine	poodle mix	white	M	8 years	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	Blue collar white flea collar	None

CUSTODY RECORD PREPARED BY:	DATE
SIGNATURE & TITLE <i>Aco I. P. Black P#572</i>	2-22-24

DISPOSITION OF ANIMAL	DATE
LTO	2.22.24

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

TIME	3:25 AM/PM		CUSTODY DATE	02-22-24		I.D. Case/No.	36111	
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				Roaming TRADING				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Feline	DSH	gray/white	M	1 yr	8 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 dot				
CUSTODY RECORD PREPARED BY:						DATE		
SIGNATURE & TITLE: Anne Juma Sec						02-22-24		
DISPOSITION OF ANIMAL						DATE		
Euth						2-23-24		

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 786-2463, P.O. Box 1163, Richmond, VA 23218.

Name: [Redacted] Date: 02-22-24  
 Address: [Redacted] Telephone: [Redacted]

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

STATEMENTS OF SURRENDER

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

Signature: [Redacted]

Or

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

Signature \_\_\_\_\_

TIME 4:25 AM/PM CUSTODY DATE 2-22-24 I.D. Case/No. 36112

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"/>
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OWNER'S NAME & ADDRESS (if known) Telephone: unknown

ADDITIONAL INFORMATION Roaming by Twin Springs HI Skinny

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
<u>Canine</u>	<u>Pit X</u>	<u>Blk white</u>	<u>F</u>	<u>2yrs</u>	<u>35#</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>NO ID</u>

CUSTODY RECORD PREPARED BY Alyson M... DATE 2-22-24

SIGNATURE & TITLE Alyson M... DISPOSITION OF ANIMAL Euth DATE 2-22-24

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

Name [Redacted] Address [Redacted] Telephone 434-346-8664

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

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 \_\_\_\_\_

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> <small>The State Veterinarian, 1000 North 10th Street, Raleigh, NC 27601</small>
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CASE NO.	36113	CUSTODY DATE	2-22-24	TIME	9:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
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REASON FOR CUSTODY (mark appropriate box)					
Stray	Owner Surrender	<del>Seized</del> Impound	Bite Case	Transfer from other locality/facility	Other
		1			

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit mix	Grey	M	1 year	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	red	None

CUSTODY RECORD PREPARED BY	DATE
ACO I.D. Blake PD#322	2-22-24
SIGNATURE & TITLE	

DISPOSITION OF ANIMAL	DATE
Euth	3-20-24

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by 53.1-796.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian - (919) 796-3100, P.O. Box 11000, Raleigh, NC 27611.

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> Form No. 106-B of the Code of Virginia
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<b>CASE NO.</b>	36114	<b>CUSTODY DATE</b>	2-22-24	<b>TIME</b>	6:47 AM <input checked="" type="checkbox"/> PM
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<b>REASON FOR CUSTODY (check appropriate box)</b>					
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
		1			

<b>OWNER'S NAME &amp; ADDRESS (if known)</b>	<b>ADDITIONAL INFORMATION</b>
	★ court hearing
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Curly	Cocker Spaniel	tan	M	11	40lbs	None

ANIMAL IDENTIFICATION (complete all blank entry of information if known)				
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
None	None	None	orange	None

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <i>Ace I.D. Black MPT 372</i>	2-22-24

DISPOSITION OF ANIMAL	DATE
RTO	5-1-24

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

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANNUAL CUSTODY RECORD</b> This record shall be maintained for a minimum of five years.
--	--

CASE NO.	36115 36116 36117	CUSTODY DATE	2-22-24	TIME	6:47 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
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**REASON FOR CUSTODY (mark appropriate box)**

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

<b>OWNER'S NAME &amp; ADDRESS (if known)</b>	<b>ADDITIONAL INFORMATION</b>
--	-------------------------------

Telephone:	* Court hearing
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**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DMH	Grey tabby	M x 1 F x 2	1 year	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
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SIGNATURE & TITLE <i>Alo D. Plack #772</i>	2-22-24
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DISPOSITION OF ANIMAL	DATE
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MTO	5-7-24
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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 §3.1-706.106.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

<b>TIME</b>	1:15 AM/PM	<b>CUSTODY DATE</b>	2-23-24	<b>I.D. Case/No.</b>	36118
<b>REASON FOR CUSTODY (mark appropriate box)</b>				<b>LOCATION WHERE CUSTODY WAS TAKEN</b>	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>			<b>ADDITIONAL INFORMATION</b>		
Telephone:					
<b>ANIMAL DESCRIPTION</b>					
<b>SPECIES</b>	<b>BREED</b>	<b>COLOR/MARKINGS</b>	<b>SEX</b>	<b>APPROX. AGE</b>	<b>APPROX. WEIGHT</b>
Feline	DMH	Gray/Tort	F		6
<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")</b>					
<b>CITY/COUNTY LICENSE NUMBER</b>	<b>RABIES TAG NUMBER</b>	<b>TATTOO</b>	<b>COLLAR (Color, type, etc.)</b>	<b>OTHER IDENTIFICATION (specify)</b>	
~	~	~	~	none detected	
<b>CUSTODY RECORD PREPARED BY</b>					<b>DATE</b>
SIGNATURE & TITLE <i>May E. Bennett</i>					2-23-24
<b>DISPOSITION OF ANIMAL</b>					<b>DATE</b>
Trans					2-28-24

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

Name:  Date: 2-23-24

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.

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

3612

TIME	2:10	AM/PM	CUSTODY DATE			2.23.24	I.D. Case/No.	36123 36123 36123	36123 36123 36123	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 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]										
ANIMAL DESCRIPTION										
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
7k Canine	Border collie pit	Blk/white		4- <del>12</del> 3 M	6 wks	4#				
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")										
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)					
None	None	None	None		None					
CUSTODY RECORD PREPARED BY							DATE			
SIGNATURE & TITLE <i>Mary E. Burrell</i>							2/23/24			
DISPOSITION OF ANIMAL							DATE			
Euth							2.23.24			

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

Signature \_\_\_\_\_

<b>TIME</b>	3:30AM/PM	<b>CUSTODY DATE</b>	2-23-24	<b>I.D. Case/No.</b>	86126
<b>REASON FOR CUSTODY (mark appropriate box)</b>				<b>LOCATION WHERE CUSTODY WAS TAKEN</b>	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	<input checked="" type="checkbox"/>				
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>			<b>ADDITIONAL INFORMATION</b>		
[REDACTED]					
<b>ANIMAL DESCRIPTION</b>					
<b>SPECIES</b>	<b>BREED</b>	<b>COLOR/MARKINGS</b>	<b>SEX</b>	<b>APPROX. AGE</b>	<b>APPROX. WEIGHT</b>
Feline	DS11	Grey Tabby	F	1	8
<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")</b>					
<b>CITY/COUNTY LICENSE NUMBER</b>	<b>RABIES TAG NUMBER</b>	<b>TATTOO</b>	<b>COLLAR (Color, type, etc.)</b>	<b>OTHER IDENTIFICATION (specify)</b>	
/	/	/	/	/	
<b>CUSTODY RECORD PREPARED BY</b>					<b>DATE</b>
SIGNATURE & TITLE <i>Mary J. Buehler</i>					12/24
<b>DISPOSITION OF ANIMAL</b>					<b>DATE</b>
Euth					2-27-24

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

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

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

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter about this animal? \_\_\_\_\_ Why did they decline to accept? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the past 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 the animal to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge I am required to follow the adoption policies and procedures if I decide I want the above-described animal.

Signature \_\_\_\_\_

TIME	4:20 AM/PM	CUSTODY DATE	2/23/24	I.D. Case/No.	(36128) 36130 (36128) 36131	
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 HOME & ADDRESS (if known)			ADDITIONAL INFORMATION			
[REDACTED]			[REDACTED]			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
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)		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>Mary E Burnett</i>					2/23/24	
DISPOSITION OF ANIMAL					DATE	
Trans					2-29-24	

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

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

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

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

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	4:30 AM/PM	CUSTODY DATE	2/23/24	I.D. Case No.	36127 36130 36128 36131
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	Black	M		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Mary E Burnett</i>				2/23/24	
DISPOSITION OF ANIMAL				DATE	
Adopted				2-26-24	

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

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

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	17:00 AM/PM	CUSTODY DATE	2-23-24	I.D. Case/No.	36138
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			D.O.		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
Feline	DSH	Gray Tabby	F	6 mos	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				DATE	
A. M. W.				2.23.24	
DISPOSITION OF ANIMAL				DATE	
Trans				2.29.24	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 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	5:28 AM/PM	CUSTODY DATE	2/24	I.D. Case/No.	36133 56134
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone:			Found on Dogwood DR.		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
K-9	Pit	Green White Brown White	2M	2	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)	
VA	0808	None	Black	Grey Pit	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Mary F. Burnett</i>					2/23/24
DISPOSITION OF ANIMAL					DATE
RTO					2-24-24

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 788-6100, P.O. Box 1163, Richmond, VA 23218.

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

Address \_\_\_\_\_ Telephone 434.251.6686

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

STATEMENTS OF SURRENDER

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

Signature *X* \_\_\_\_\_ Or \_\_\_\_\_

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

Signature \_\_\_\_\_

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	7:05 AM/PM	CUSTODY DATE	2-24-24	I.D. Case/No.	36135				
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAYS			
	X								
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
Unknown Owner - put in DO. Says doesn't walk right					Drop off cared -				
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Canine	Pit	Brown/white	F	1yr.	95	F			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)					
none	none	none	none	none et.					
CUSTODY RECORD PREPARED BY								DATE	
SIGNATURE & TITLE								2-24-24	
DISPOSITION OF ANIMAL								DATE	
Euth								2-24-24	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the 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	1100 AM/PM	CUSTODY DATE	2-24-24	I.D. Case No.	36136
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
Canine	rottie x	blk & tan	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 detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE 					2-24-24
DISPOSITION OF ANIMAL					DATE
RTO					2-27-24

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

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

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

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

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

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

Has the animal bitten or scratched a person or animal within the past 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	2-23-24		I.D. Case/No.	137			
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Drop off			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
unknown									
Telephone:									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Canine	pit x	tan & white		F	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	teal		NONE detected				
CUSTODY RECORD PREPARED BY						DATE			
SIGNATURE & TITLE						2-24-24			
DISPOSITION OF ANIMAL						DATE			
Euth						3-8-24			

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

TIME	3:05 AM/PM	CUSTODY DATE	2-24-24	I.D. Case/No.	34139
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]			Caucasian who brought in was a Jerk. very scared.		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Gen. Shp	Black & tan	F	1yr.	30#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	not detected.	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE [Signature]					2-24-24
DISPOSITION OF ANIMAL					DATE
Adopted					2-27-24

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

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

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_

Or

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

[Signature] \_\_\_\_\_

TIME	3:30 AM/PM	CUSTODY DATE	2-24-24	I.D. Case/No.	36140
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]			Wound on neck Paw		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DH	Black/white	m	2yrs	8lbs
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none Released	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				02/24/23	
DISPOSITION OF ANIMAL				DATE	
Euth				2-23-24	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian (804) 788-2488, P.O. Box 1163, Richmond, VA 23218.

Name: [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


*cat* 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	4:45 AM/PM	CUSTODY DATE	2-24-24	I.D. Case/No.	36141
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: 5 hrs Avely			cropped ears intestinal issues Stormi		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pitx	gray/tan w/white toes	F	2 yrs	20#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE		
CUSTODY RECORD PREPARED BY:					DATE:
SIGNATURE & TITLE: 					2-24-24
DISPOSITION OF ANIMAL					DATE
Euth					2827

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

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

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

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

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

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

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

STATEMENTS OF SURRENDER


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

Signature  \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

<b>TIME</b>	9:15 AM/PM	<b>CUSTODY DATE</b>	2-24-24		<b>I.D. Case/No.</b>	36142
<b>REASON FOR CUSTODY (mark appropriate box)</b>					<b>LOCATION WHERE CUSTODY WAS TAKEN</b>	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	X				Drop Off	
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>				<b>ADDITIONAL INFORMATION</b>		
unknown				Has owner - sick Name: Ooon		
<b>ANIMAL DESCRIPTION</b>						
<b>SPECIES</b>	<b>BREED</b>	<b>COLOR/MARKINGS</b>	<b>SEX</b>	<b>APPROX. AGE</b>	<b>APPROX. WEIGHT</b>	<b>OTHER</b>
Feline	DMH	gray & white	M	8 mos	5 #	
<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")</b>						
<b>CITY/COUNTY LICENSE NUMBER</b>	<b>RABIES TAG NUMBER</b>	<b>TATTOO</b>	<b>COLLAR (Color, type, etc.)</b>	<b>OTHER IDENTIFICATION (specify)</b>		
NONE	NONE	NONE	NONE	NONE detected		
<b>CUSTODY RECORD PREPARED BY</b>					<b>DATE</b>	
SIGNATURE & TITLE 					2-24-24	
<b>DISPOSITION OF ANIMAL</b>					<b>DATE</b>	
Trans					2-21-27	

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

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_

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

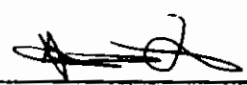
**STATEMENTS OF SURRENDER**

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

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

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

Signature \_\_\_\_\_

TIME	9:30 AM/PM	CUSTODY DATE	2-25-24	I.D. Case/No.	30145
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
unknown					
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
Canine	doberman	blk & tan	M	1yr	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 					2-25-24
DISPOSITION OF ANIMAL					DATE
Euth					3-7-24

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

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

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

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

**STATEMENTS OF SURRENDER**

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

Signature  \_\_\_\_\_

Or

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

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> <small>The information on this form is to be used for record keeping purposes only.</small>
--	---

CASE NO.	36147	CUSTODY DATE	2-26-24	TIME	2:24 AM / PM
----------	-------	--------------	---------	------	--------------

REASON FOR CUSTODY (check appropriate box)					
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
1					

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

<b>ANIMAL DESCRIPTION</b>						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline cat	DMH	Blk	M	4 years	12 lbs	None

<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "None")</b>						
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>Alfred Black PD #172</i>	2-26-24

DISPOSITION OF ANIMAL	DATE
Euth	3-5-24

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

TIME	1:30 AM	CUSTODY DATE	02-27-24	ID. Case/No.	316148
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]			PUPPY IS VERY SICK OWNER THINK IT'S PROBABLY GOT FROM Martinsville Brought it.		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pit	Black-white	F	4 mos	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: <u>Anna Turner</u>					DATE: <u>02-27-24</u>
DISPOSITION OF ANIMAL					DATE
Euth					02/27

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

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

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

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

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

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	4 AM/PM	CUSTODY DATE	02/27/24	I.D. Case/No.	36149 36150
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]			Can't take care of these NO longer		
Telephone			1) Rainbow 2) Browney		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2x Canine	1) Pit 2) Yorkie	BROWN GETTA BROWN/BLACK	M SF	1 1/2 Yr 1 Yr	40 10
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	NONE	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Anna Turner - Sec</i>					02/27/24
DISPOSITION OF ANIMAL					DATE
Euth					3/5/24

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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 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

4 AM/PM DATE

02/27/24

W. Case/No. 36174 36150

REASON FOR CUSTODY (mark appropriate box)					
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				

LOCATION WHERE CUSTODY WAS TAKEN  
Shelter

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

ADDITIONAL INFORMATION  
Can't take care of these no longer  
1) Rainbow 2) Brownie

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
2x Canine	1) Pit 2) Yorkie	BROWN SPOTTED BROWN/DK	M F	1 1/2y 1y	40# 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

CUSTODY RECORD PREPARED BY		DATE
SIGNATURE & TITLE <i>Anne Turner - Sec</i>		
DISPOSITION OF ANIMAL		DATE
Adopted -		3-1-24

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

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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	6:40 AM	CUSTODY DATE	2-28-24	I.D. Case/No.	30151 4162
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone:			Drop off		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2x Guinea Pig		Black white. tri colored.	?	1 yr?	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	not detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					DATE
DISPOSITION OF ANIMAL					DATE

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

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

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

TIME	10:40 AM/PM	CUSTODY DATE	2-28-24	I.D. Case/No.	30153 06154
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
X					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone:			Drop off		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Shep Pittx	Black tan tan + white	m/m	10w/L	10#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	not identified	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>ABH</i> KA				2-28-24	
DISPOSITION OF ANIMAL				DATE	
Euth				3-2-24	

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

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

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I 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	10 <sup>50</sup> AM	CUSTODY DATE	02-28-24	I.D. Case/No.	30155
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'd maybe pregnant Tiger		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DSH	gray tabby	F	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 Det.	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					DATE
AV [Signature]					2-28-24
DISPOSITION OF ANIMAL					DATE
Treat					2-29-24

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

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_

Characteristics: Good with children Yes Lived Inside/Outside \_\_\_\_\_ Housebroken Yes  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets NO Sure  
 Did you contact another shelter about this animal? SPCA Why did they decline to accept? wouldn't take  
 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...

Signature \_\_\_\_\_

TIME	2	AM/PM	(AM)	CUSTODY DATE	02-28-24	I.D. Case/No.	26156
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]				moving Can't take [REDACTED]			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Husky	Black-White	F	5 mos	26#	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	None	None et.			
CUSTODY RECORD PREPARED BY							
SIGNATURE & TITLE						DATE	
Annex Journal Sec						02-28-24	
DISPOSITION OF ANIMAL							
Euth							
						DATE	
						4-25-24	

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

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

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

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

Disposition OK Health OK Gets along well with other pets Other Dog

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	ANIMAL CUSTODY RECORD
--	-----------------------

CASE NO.	36157	CUSTODY DATE	2-28-24	TIME	2:00	AM / PM
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REASON FOR CUSTODY (check appropriate box)					
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
1					

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit Mix	dark brown	M	2 years	60 lbs	None

ANIMAL IDENTIFICATION (complete all the items if known/true)				
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
None	None	None	Orange	None

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE	2-28-24
A/C I.D. Black P#372	

DISPOSITION OF ANIMAL	DATE
Euth	3-12-24

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

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

TIME	7:19	AM/PM	(A)	CUSTODY DATE	2-29-24	I.D. Case/No.	3658
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			
Found on Express way 58. Telephone: _____				Hit By Car. "Sofia"			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Dog	Chesley	Brown + white	F	3-4 yrs	50 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	98514/00074429			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>[Signature]</i>						2-29-24	
DISPOSITION OF ANIMAL						DATE	
Owner Responsible for Dog at AMC - Shattered leg + pelvis - Doing surgery						3-1-24	

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

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

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

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

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

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

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

TIME	12:41	AM/PM	(P)	CUSTODY DATE	02-29-24	I.D. Case/No.	36159 36160
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	36160 Shelter	
	X						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[REDACTED]				Wild Cat But they been feeding feral for about 3 mos or more			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
3x Feline	DSH	BLACK	F 2xm	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			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE						DATE	
DISPOSITION OF ANIMAL						DATE	
Euth						3-1-24	

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

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

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

Characteristics: Good with children 2 Lived Inside/Outside (Outside) Housebroken NO  
Disposition 2 Health 2 Gets along well with other pets yes

Did you contact another shelter about this animal? PC Why did they decline to accept? They wouldn't take because they were feral  
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 do not...

TIME	1:30 AM/PM		CUSTODY DATE	02-29-2024		I.D. Case/No.	36162	
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]				SNAPSHOT Children BAC BRUISHE				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Canine	Chix	TAN	M	3yrs	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>Anna James</i>						02-29-24		
DISPOSITION OF ANIMAL						DATE		
Euth						3-7-24		

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

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

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

Characteristics: Good with children snapped Lived Inside/Outside Y Housebroken Y  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets N

Did you contact another shelter about this animal? Per CO Why did they decline to accept? They said Kill it  
 Has the animal bitten or scratched a person or animal within the past 10 days? NO First thing.

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b>
--	------------------------------

CASE NO.	36163	CUSTODY DATE	2-29-24	TIME	1:30	AM <input checked="" type="checkbox"/> PM
----------	-------	--------------	---------	------	------	---

REASON FOR CUSTODY (check appropriate box)					
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
1					Tulless St

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
Telephone:	* Highly Volatile *  * Be careful

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit mix	tan	M	1 year	30lbs	None

ANIMAL IDENTIFICATION (complete all that apply, or include them)					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	orange harness	None	

CUSTODY RECORD PREPARED BY:	DATE
Aco I. D. Black	2-29-24
SIGNATURE & TITLE	

DISPOSITION OF ANIMAL	DATE
Euth	3-12-24

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

TIME	3:00 AM/PM		CUSTODY DATE	02-29-24		I.D. Case/No.	36164 36165	
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 feeds these but can't keep they are outside CATS				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
2 feline	DSTH	ORG	F	6 mos	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 Dot			
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE <i>Ann Turner - sec</i>						02-29-24		
DISPOSITION OF ANIMAL						DATE		
<i>EMAd</i>						3-1-24		

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

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

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

Characteristics: Good with children Not Sure Lived Inside/Outside Outside Housebroken NO  
 Disposition Seized Health NOT Sure Gets along well with other pets Not Sure  
 Did you contact another shelter about this animal? Yes well Why did they decline to accept? Not at this time  
 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

TIME	3:50 AM/PM		CUSTODY DATE	02-29-24		I.D. Case/No.	36166	
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]				Pregnant they want the mother BACK after wing from babies. They been feeding her.				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Feline	DSH	Tabby	F	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 noted				
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE <u>Ann Janner-Sic</u>						02-29-24		
DISPOSITION OF ANIMAL						DATE		
Transfered						3.21.24		

This is a stray that is pregnant. The owner wants to keep the mother.

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted 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: [REDACTED] Date: 02-29-24  
 Address: [REDACTED] Telephone: 434-709-1266

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

STATEMENTS OF SURRENDER

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

Signature: [REDACTED]

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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	7:59 AM/PM	CUSTODY DATE	2/29/24	I.D. Case/No.	32167
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone:			drop off		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DSh	orange	M	2 yrs	10 lb
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	blue		
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Reuben Rust</i>					2/29/24
DISPOSITION OF ANIMAL					DATE
<i>Euth</i>					3/2/24

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

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

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

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

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

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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