

TIME	9:30 <sup>(A)</sup> MPM	CUSTODY DATE	5-1-24	I.D. Case/No.	36587
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			TRAPPING		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DCH	Blk/Wht	M	1yr	18 lbs
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					DATE
DISPOSITION OF ANIMAL					DATE
EUL					5-6-24

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 Office of the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, 1000 North Street, 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 back.

TIME	11:30 AM/PM	CUSTODY DATE	05-01-24	ID. Case/No.	30588
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]			To Be Euth Wed 11:30 AM		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Carion	Chi	White/Brown	M	18 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>Ann James - Sec</i>					05-01-24
DISPOSITION OF ANIMAL					DATE
Euth LCC AH-DC					05-01-24

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 5-01-24

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? \_\_\_\_\_

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	12 <sup>26</sup> AM/PM	CUSTODY DATE	05-01-24	LD. Case/No.	36589
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]			Box 724 road well home named Name "Kookie"		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DSH	Black/white	M	4 YRS	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 <i>Anna Janner-Soc</i>					05-01-24
DISPOSITION OF ANIMAL					DATE
<i>Euth</i>					5-6-24

This form may be used by animal control officers, custodians of any public shelter, or the Society or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to 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 OK Gets along well with other pets NO

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

TIME	12 <sup>38</sup> AM/PM	CUSTODY DATE	5-01-24	I.D. Case/No.	36590
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]			Vet Record Cherry Stone Come from "Declawed" Cali Pet Center		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DLH	Calico	SF	5yrs	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	98102002 3867422	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Ann J. [unclear] Sec</i>				05-01-24	
DISPOSITION OF ANIMAL				DATE	
Trans				5-7-24	

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) 788-6489, P.O. Box 1163, Richmond, VA 23218.

Name: [REDACTED] Date: 5-1-24  
 Address: [REDACTED]

Characteristics: Good with children yes Lived Inside/Outside Inside Housebroken yes  
 Disposition good Health good Gets along well with other pets yes  
 Did you contact another shelter about this animal? P.C. Why did they decline to accept? No Need Appointment August 2024  
 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	2:50 AM/PM	CUSTODY DATE	5-1-24	I.D. Case/No.	36591 36592
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]			BLACK Cat - Gear Gear.		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2 cat - F 3 kitten w/ w/ w/	Feline	DSH	BR cat - Female	2-F 3-M	1yr 2w 6wks
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None Not.	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Cen. James Soc</i>					05-01-24
DISPOSITION OF ANIMAL					DATE
Trans					5-1-24

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Name: [REDACTED] Date: May 1 2024  
 Address: [REDACTED] Phone: [REDACTED]

Characteristics: Good with children not sure Lived Inside Outside Housebroken  
 Disposition good Health good Gets along well with other pets good With Cats  
 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.

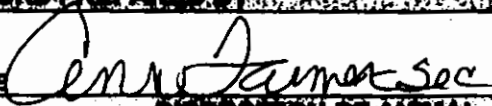
Signature \_\_\_\_\_

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 \_\_\_\_\_

Danville Animal Control    Danville Area Humane Society    Pittsylvania Animal Control    Public

TIME	2:30 AM/PM	CUSTODY DATE	5-1-24		LD. Case No.	36591 <u>36592</u>
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS 36593 36594 36595 <i>ent</i>
	X					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]				Black Cat - gear Gear.		
Telephone: [REDACTED]						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
2 cat - F 3/4 water Walt	DSH	Blk cat - female	2-F 3-M	1yr 24 6wks	15lb 12lb 17lb	
ANIMAL IDENTIFICATION (complete all that 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	
					05-01-24	
DISPOSITION OF ANIMAL					DATE	
with x4					5-20-24	



or shelter, representative of a humane society, or humane society. The records shall be maintained for at least five years. Information on this form is to be summarized and submitted to the State. If you have any questions regarding this form may be directed to the office of the State.

Date May 1 2024  
 Telephone VA 27112 [REDACTED]

Outside Housebroken yes  
 Gets along well with other pets good with cats  
 Why did they decline to accept? None  
 Has been spayed/neutered in past 10 days? NO

RENDER  
 to the Danville Area Humane Society.

Or

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

Signature: [REDACTED]

TIME	4:15 AM/PM	CUSTODY DATE	05-01-24	I.D. Case/No.	36596
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]			Boyfriend's Dog + he is in Jail she can't keep.		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pit	BRINDLE	M	7yrs	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 Dot	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Carm Janner-Sie</i>				05-01-24	
DISPOSITION OF ANIMAL				DATE	
with				5-28-24	

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Name: [REDACTED] Date: 5-01-24

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

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

STATEMENTS OF SURRENDER


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

Signature \_\_\_\_\_

Or

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

Signature: [REDACTED]

<b>TIME</b>	645 AM/PM	<b>CUSTODY DATE</b>	5-2-24		<b>I.D. Case/No.</b>	36599	
<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							
<b>ANIMAL DESCRIPTION</b>							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	beeler	tri color	M	2-3 yrs	40#		
<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 detected		
<b>CUSTODY RECORD PREPARED BY</b>						<b>DATE</b>	
 SIGNATURE & TITLE						5-2-24	
<b>DISPOSITION OF ANIMAL</b>						<b>DATE</b>	
Trans						5/4/24	

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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	6:15 AM/PM	CUSTODY DATE	5-2-24	I.D. Case/No.	36600
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
X					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Unknown					
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pit Bull	Brown & White	F	1-3 yrs	25
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	None detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE 					5-2-24
DISPOSITION OF ANIMAL					DATE
Euth					5-10-24

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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.

TIME	1:10 AM/PM	CUSTODY DATE	05-02-24	I.D. Case/No.	36601 36602
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]			2nd Little of Kitten		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
4x feline	D5H	2 OR 3 - BRK	F 3M	5 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 Del	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Anna Janner-Sie</i>				05-02-24	
DISPOSITION OF ANIMAL				DATE	
Trans				5/7/27	

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 5-2-24

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

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

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b>
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CASE NO.	36605	CUSTODY DATE	5-2-24	TIME	11:28 AM <input checked="" type="checkbox"/> PM
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REASON FOR CUSTODY (check appropriate box)					
Stray	Owner Surrender	Seized <i>Impound</i>	Bite Case	Transfer from other locality/facility	
		1			

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DMH	Calico	F	1 year	8 lbs	None

ANIMAL IDENTIFICATION (complete in the body of this form)				
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
None	None	None	None	None

CUSTODY RECORD PREPARED BY:	DATE
SIGNATURE & TITLE <i>Aco I.D. Black P# 372</i>	5-2-24

DISPOSITION OF ANIMAL	DATE
Trans	5-17-27

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 §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	3:45 AM/PM	CUSTODY DATE	05-02-24	I.D. Case/No.	36610	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
X						
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
Telephone: Unknown			Found At Blue Parker on West main Wanda would like to Adopt this			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Boxer	BROWN	F	1yr	40#	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	PINK	None det.		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>Ann Jarman - Sec</i>					05-02-24	
DISPOSITION OF ANIMAL					DATE	
Adopted					5/16/24	

Dog if owner Don't Come.

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 793-2222, 1600 Westwood, VA 23218.

Name: [Redacted]    Date: 4-2-24  
 Address: [Redacted]

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

STATEMENTS OF SURRENDER

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

Or

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

Signature \_\_\_\_\_

TIME 5 AM/PM    CUSTODY DATE 5-2-24    I.D. Case/No. 34611 DOA  
36612

REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	<u>DAHS</u> <u>36613</u> <u>36614</u>
<input checked="" type="checkbox"/>						

OWNER'S NAME & ADDRESS (if known) \_\_\_\_\_  
 ADDITIONAL INFORMATION Found these little cats  
 Telephone: UNKNOWN

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
<u>4</u> <u>feline</u>	<u>DMH</u>	<u>2 sealpt</u> <u>1- BIKony</u>	<u>-2M</u> <u>2F</u>	<u>5wks</u>	<u>1#</u>	<u>None</u>

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

CUSTODY RECORD PREPARED BY Ann Jaumei - Sec    DATE 5-2-24

DISPOSITION OF ANIMAL Adopt x3    DATE 5-8-24

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) 799-2483, P.O. Box 1163, Richmond, VA 23218.

Name: \_\_\_\_\_ Date 5-2-24  
 Address: \_\_\_\_\_ Ringgold VA. 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? 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 \_\_\_\_\_

TIME	5	AM/PM	CUSTODY DATE	5-2-24	I.D. Case No.	3611 10A 3612
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	3613 3614
X						DAHS
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone: UNKNOWN				Found these little cats		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
4 Feline	DMH	2 seal pt 1- BIK only	-dm 2F	5wks	1#	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>Ann Jaumei - Sec</i>					5-2-24	
DISPOSITION OF ANIMAL					DATE	
DON						

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> <small>The form required by 53.1-796.105.B of the Code of Virginia</small> 53.1-796.105.B of the Code of Virginia
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CASE NO.	36615	CUSTODY DATE	5-3-24	TIME	(01) <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
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<b>REASON FOR CUSTODY (mark 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>
Telephone:	caught in trap

<b>ANIMAL DESCRIPTION</b>						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DMH	Grey	M	1 year	8 lb	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

<b>CUSTODY RECORD PREPARED BY</b>	<b>DATE</b>
SIGNATURE & TITLE <i>Aco I. P. Black PD # 372</i>	5-3-24

<b>DISPOSITION OF ANIMAL</b>	<b>DATE</b>
Euth	5-17-24

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, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

TIME	12:30 AM/PM	CUSTODY DATE	5-3-24	LB. Case/No.	30616
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 AND ADDRESS (if known)			ADDITIONAL INFORMATION		
[Redacted]			Euthanized		
Telephone: [Redacted]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
K-9	Jack/Russ	White	F	16	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)	
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>May E. Bunn</i>					5-24
DISPOSITION OF ANIMAL					DATE
Euth					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) 786-2423, 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.

Danville Animal Control    Danville Area Humane Society    Pittsylvania Animal Control    Public

TIME	12:30 AM/PM	CUSTODY DATE	5-3-24		I.D. Case No.	36617
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"/>				DASH	
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
[REDACTED]			GOOSE			
Telephone:						

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
K-9	Lab/pointer	yellow	M	1 yr	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	Beige Chip	[REDACTED]

CUSTODY RECORD PREPARED BY		DATE
SIGNATURE & TITLE	May 2 Best	5-3-24
DISPOSITION OF ANIMAL		DATE
with		5-7-24

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 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.

Signature \_\_\_\_\_

TIME	2:55 AM/PM	CUSTODY DATE	5-3-24	I.D. Case/No.	36619	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
X						
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DMH DSH	Blk Gr Tabby	M F	1 yr 1 yr	10 8	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
none	none	none	none	none det.		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>May E. Dumas</i>					5-3-24	
DISPOSITION OF ANIMAL					DATE	
Trans					5-4-24	

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 1183, Richmond, VA 23218.

X Name: [Redacted] Date: 5/3/24  
 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 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 \_\_\_\_\_

TIME	3:45 AM/PM	CUSTODY DATE	5-3-21	LD. Case No.	36620
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]				Saint (May not get along with other dogs)	
Telephone: [REDACTED]					
CITY/COUNTY LICENSE NUMBER    RABIES TAG NUMBER    TATTOO    COLLAR (Color, type, etc.)    OTHER IDENTIFICATION (specify)					
[REDACTED]					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
K-9	P.H	Yellow	M	3 yrd	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)					
[REDACTED]					
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Mary L. [REDACTED]</i>				5-3-21	
DISPOSITION OF ANIMAL				DATE	
[REDACTED]				5-7-24	

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? YES Why did they decline to accept? \_\_\_\_\_

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

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	5:00 AM/PM		CUSTODY DATE	5-3-24		I.D. Case/No.	3621	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	D A H S		
	<input checked="" type="checkbox"/>							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
[REDACTED]				Brownie				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
K-9	P.H	Brown	M	3 yr	60			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)				
none	none	none	none	none				
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE <i>May I Amwell</i>						-3-24		
DISPOSITION OF ANIMAL						DATE		
euth						5-16-24		

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

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

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

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-8546, 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...

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

TIME	11:30 AM	CUSTODY DATE	5-3-24	I.D. Case/No.	30623
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			Drop off		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	pit	white Blk/white	M	3 1/2	40 50
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	None	none	none	
CUSTODY RECORD PREPARED BY					DATE
L. Cottrell - PAX April					5-4-24
DISPOSITION OF ANIMAL					DATE
Euth					5-10-24

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) 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 \_\_\_\_\_

NAME \_\_\_\_\_ AM/PM \_\_\_\_\_ CUSTODY DATE 5-4-24 I.D. Case/No. 36625

REASON FOR CUSTODY (mark appropriate box) LOCATION WHERE CUSTODY WAS TAKEN

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

DAHS

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

Unknown Avalon ST - police officer brought

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

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
<u>Canine</u>	<u>pit</u>	<u>white brindle</u>	<u>F</u>	<u>3yrs</u>	<u>40lb</u>	

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

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

CUSTODY RECORD PREPARED BY: AV DATE: 5-7-24

SIGNATURE & TITLE: AV DATE: 5-9-24

DISPOSITION OF ANIMAL: ADO DATE: 5-9-24

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

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

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

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

TIME	12:30 AM/PM		CUSTODY DATE	5-4-24		I.D. Case/No.	30226	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	D.A.H.S.		
	X							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
←				original owner Reed - Does Know Command				
Telephone:								
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER		
Canine	GS-	BLK/Tan	M	3yrs	80lb			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	CHIP #	COLLAR #	IDENTIFICATION #	OTHER (specify)		
None	None				319100	731911		
CUSTODY RECORD PREPARED BY								
SIGNATURE & TITLE						DATE		
Mary E. Buehl						5-1-24		
DISPOSITION OF ANIMAL								
Ethen								

years, and must be renewed annually to the State Veterinarian, (804) 786-2483, P.O. Box 1163, Salem, VA 24153.

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

Characteristics: Good with children Yes Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets Yes  
 Did you contact another shelter about this animal? No Why did they decline to accept? \_\_\_\_\_  
 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 the animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 4. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not 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 want the above described animal back.

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

TIME 1:07 AM CUSTODY DATE 5-4-24 I.D. Case/No. 3627

REASON FOR CUSTODY (mark appropriate box)

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

LOCATION WHERE CUSTODY WAS TAKEN  
DA S

NAME & ADDRESS (if known)

*found at*

[Redacted Name and Address]

ADDITIONAL INFORMATION

found in Basement

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
<u>feline</u>	<u>DSH</u>	<u>gray/white</u>	<u>M</u>	<u>5 WKS</u>	<u>24</u>	

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

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

CUSTODY RECORD PREPARED BY

SIGNATURE & TITLE \_\_\_\_\_ DATE \_\_\_\_\_

DISPOSITION OF ANIMAL

Disposition Euth DATE 5-2-24

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


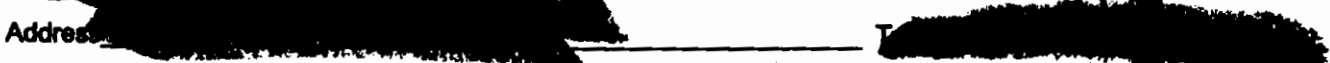
Signature \_\_\_\_\_

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 4. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the rules and regulations of the Danville Area Humane Society.

TIME	1:40 AM/PM <input checked="" type="radio"/>		CUSTODY DATE	5-4-24		I.D. Case/No.	31628 31629	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAYS		
	<input checked="" type="checkbox"/>							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
can't keep - hand lock Said had to get rid of.				JR - Remi Jade - pd.				
Telephone:								
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Pit JR.	white/brindle brown/white		ff. F	1yr 8/12yr	40 12		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)			
none	none	none	none		none			
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE						DISPOSITION OF ANIMAL		
						EGF		
						DATE		
						7-20		

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the office of the State Veterinarian, (804) 788-2470, P.O. Box 1453, Richmond, VA 23218.

Name:  Date: 6/04/24  
Address: 

Characteristics: Good with children  Lived Inside/Outside  Housebroken   
Disposition  Health  need shots  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 process.

Danville Police Department Danville Animal Control Danville Area Humane Society  Public

TIME 3:34 AM (PM) CUSTODY DATE 5/4/24 I.D. Case/No. 36630  
 36631

REASON FOR CUSTODY (mark appropriate box)

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

LOCATION WHERE CUSTODY WAS TAKEN Shelter

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION  
 - were his daughters cats  
 - black & white is "callie", grey is "dobby"

Telephone:

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
(2) feline	DSH	grey tabby black/white (fixed, mcs)	F	1 yr 3 mo	6 lb 10 oz	

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

CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
none	none	none	none	(black & white) mc: 9851400 28059

CUSTODY RECORD PREPARED BY

SIGNATURE & TITLE *Ruben [unclear]* DATE 5/4/24

DISPOSITION OF ANIMAL *Euth* DATE 5-6-24

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 1183, Richmond, VA 23218.

Name: [redacted] Date 4/24/24

Address: [redacted] Telephone: [redacted]

Characteristics: Good with children Lived Inside/Outside Housebroken *MOST OF TIME*

Disposition *FALL* Health *GOOD* Gets along well with other pets *SOME TIMES*

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.

TIME	8:00 AM/PM	CUSTODY DATE	5-4-24	I.D. Case/No.	36633 36634
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			get along w/ people and other animals/not eat other		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
canine	Pit	white & black brindle & white	M	1 1/2 yrs	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	black x2	NONE detected x2	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					5-4-24
DISPOSITION OF ANIMAL					DATE
euth x2					5-7-24

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 yes Lived Inside Outside Housebroken yes

Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets yes not eat other

Did you contact another shelter about this animal? yes Why did they decline to accept? not taking animals

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	8:50 <sup>AM</sup> PM	CUSTODY DATE	5/5/24	I.D. Case/No.	36635	
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 - drop off	
OWNER'S NAME & ADDRESS (If known)			ADDITIONAL INFORMATION			
[REDACTED]			found on baugh st. - has a chip			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
canine	bulldog x	black & wht	SF	4 or 5 yrs	50/60lbs	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
none	none	none	red collar	[REDACTED]		
CUSTODY RECORD PREPARED BY:						
SIGNATURE & TITLE					DATE	
[Signature]					5/5/24	
DISPOSITION OF ANIMAL					DATE	
Adopted					5.21.24	

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? \_\_\_\_\_ Why did they decline to accept? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the 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	4:10 AM <input checked="" type="radio"/> PM	CUSTODY DATE	5/5/24	I.D. Case/No.	36636	
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]			- landlord didn't want pets			
ANIMAL DESCRIPTION, name is "beans"						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DLH	black	SF	6 yrs	25 lbs	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
none	none	none	none	none detected		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE <u>Robert Ruff</u>				5/5/24		
DISPOSITION OF ANIMAL				DATE		
Adopted				5.6.24		

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: [REDACTED] Date: May 24

Address: [REDACTED] Telephone: [REDACTED]

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	3:51 AM (PM)	CUSTODY DATE	5/5/24	I.D. Case/No.	36637
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]			drop off - landlord didn't want pets		
ANIMAL DESCRIPTION name is "leia"					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	calico (DSTH)	black/white/tan	sf	10 yrs	25 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: Ruben Rust					5/5/24
DISPOSITION OF ANIMAL					DATE
Adopted					5-7-24

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) 788-6677, 1100 North 11th Street, Richmond, VA 23218.

Name: [REDACTED] Date: \_\_\_\_\_

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and 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	4:15 AM (PM)	CUSTODY DATE	5/5/24	I.D. Case/No.	36038
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]			- adopted from here - landlord didn't want pets		
ANIMAL DESCRIPTION name is "COCONUT"					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	(DLH) RAGDOLL	WHT/BLK	F	4 yrs	30 lbs
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Ruben Hurt				5/5/24	
DISPOSITION OF ANIMAL				DATE	
Trans				5-2-24	

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.

Signature \_\_\_\_\_

TIME	3:51 AM (P)	CUSTODY DATE	5/5/24	I.D. Case/No.	36439
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]			drop off, doesn't like children or other dogs		
ANIMAL DESCRIPTION (Breed is "Brux")					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
canine	golden doodle	gold	M	4 yrs	50lb
ANIMAL IDENTIFICATION (complete all that apply or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
	11774	none	none	none detected	
CUSTODY RECORD PREPARED BY					DATE
Signature & Title: <i>Hubert Wolf</i>					5/5/24
DISPOSITION OF ANIMAL					DATE
Euth					1/5/24

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to report the animal's status. The information on this form is for the use of the State Veterinarian and must be made available to the State Veterinarian upon request. Questions regarding this form may be directed to 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	5:38 AM (PM)	CUSTODY DATE	5/5/24	LD. Case No.	36640
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]			- didn't get along great with other dog, was messing everywhere		
ANIMAL DESCRIPTION name is "Rider"					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
canine	pit x	brown/wht	M	7mths	25lbs
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none detected	
CUSTODY RECORD PREPARED BY					DATE
[Signature]					5/5/24
DISPOSITION OF ANIMAL					DATE
					5/7/24

Rider

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

Name: [REDACTED] Date: 5-5-24

Address: [REDACTED]

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

STATEMENTS OF SURRENDER

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

[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.

TIME	5:26 AM <input checked="" type="checkbox"/> PM		CUSTODY DATE	5/5/24		I.D. Case/No.	36641	
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 - has got some minor wounds				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
feline	DSH	orange	m	10 mths.	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 <i>Rubert Post</i>						5/5/24		
DISPOSITION OF ANIMAL						DATE		
Euth						6-27		

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

36643  
36642

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

TIME	6:15 AM PM	CUSTODY DATE	5-4-24	I.D. Case No.	36630
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					Pregnant
Telephone:					Stown S. Boston
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DSH	gray & white tabby	F	1-2 yrs	10 #
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	NONE detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					3-4-24
DISPOSITION OF ANIMAL					DATE
Trans					5/4/24

KITTENS WHITE  
 1 grey tabby  
 1 blk white

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

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

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

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

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

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	AM/PM	CUSTODY DATE	5/6/24	ID. Case/No.	36644 36645
------	-------	--------------	--------	--------------	----------------

REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	36646 shelter 36647 36648 36649
	X					

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	Can't keep all of these pups. Halifax shelter wouldn't take them

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
6x Carine	Hound x	Black white spots	4F 2M	3 mos.		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]	5-6-24
DISPOSITION OF ANIMAL	DATE
EULA	5-6-24

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to report and maintain the information provided to the Central Virginia - This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and returned annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the State Veterinarian, (804) 798-2483, P.O. Box 1163, Richmond, VA 23218.

Date: 5-6-24

Address: [REDACTED] Telephone: [REDACTED]

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

Disposition: Health YES Gets along well with other pets YES

Did you contact another shelter about this animal? HALIFAX 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

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

TIME	1:52 AM/PM	CUSTODY DATE	5/6/24	I.D. Case/No.	36650
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] Danville VA. 24541 Telephone: [Redacted]			He's moving can't no longer keep her		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Orange	SF	1yr	2#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None Det.	
CUSTODY RECORD PREPARED BY:				DATE	
SIGNATURE & TITLE Ann Turner - Sec				5/6/24	
DISPOSITION OF ANIMAL				DATE	
with				5-7-24	

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 [Redacted]

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

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

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature [Redacted]

TIME	3:30 AM/PM	CUSTODY DATE	5/6/24	LD. Case/No.	36651	
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:			holar			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Rabbit Bunny	Bunny	grayish black	F.	1-2y	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:					DATE	
SIGNATURE & TITLE					DATE	
Ann Jaumer - Jc					5-6-24	
DISPOSITION OF ANIMAL					DATE	
Euth					5-6-24	

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: [REDACTED] Date: 05-06-24  
 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 back.

Signature \_\_\_\_\_

TIME	4:15 AM (PM)	CUSTODY DATE	5/6/24	I.D. Case/No.	36652 36653
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]			her mother can't take of these 3 no longer		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
3Y Feline	DSH	GRY	F	3 yr 6 mos.	10#
OTHER: None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None Set	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE: <u>Anna Turner Sec</u>				5/6/24	
DISPOSITION OF ANIMAL				DATE	
Euth				5-7-24	

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) 788-6222, or (804) 788-1183, Richmond, VA 23218.

Name: [REDACTED] Date: 5/6/24  
 Address: [REDACTED] Telephone: [REDACTED]

Characteristics: Good with children Yes Lived Inside/Outside Housebroken Yes  
 Disposition: Health FLEAS Gets along well with other pets  
 Did you contact another shelter about this animal? Yes Why did they decline to accept? not insville they wouldn't take them  
 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	11:30	AM/PM	CUSTODY DATE		5-10-24	I.D. Case/No.	36655 36656
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			
[REDACTED]				SHUSH MISC			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR	MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Female	DLH/DSH	GREY	Calico	F/F	1 1/2 Y	7#	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	None	None			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE						DATE	
ANN JAMES-SEC						5-6-24	
DISPOSITION OF ANIMAL						DATE	
Euth						5-8-24	

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 a period of one year and must be made available for public inspection upon request. Information on this form is to be summarized and reported annually in the prescribed format. Questions regarding this form may be directed to the Code of the State of Virginia, Department of Agriculture, P.O. Box 110, Richmond, VA 23218.

Name: [REDACTED] Date: 5-6-24  
 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? NO Why did they decline to accept? CLASH  
 Has the animal bitten or scratched a person or animal within the 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.

V Signature: [REDACTED]

TIME	5 AM	CUSTODY DATE	5/6/24	LD. Case/No.	36658	
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 Westover Wollie			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Sheep X	Tan	NM	2 YRS	25#	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	Chy BIKN/bN	[REDACTED]		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>Ann Turner Sec</i>					5/6/24	
DISPOSITION OF ANIMAL					DATE	
Trans					5-7-24	

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 1163, Richmond, VA 23218.

Name: [REDACTED] Date: 5-6-24  
 Address: [REDACTED] Telephone: 934 709-0492

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

Or

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

Signature \_\_\_\_\_

TIME	645 (AM/PM)	CUSTODY DATE	5-7-24	I.D. Case No.	34059
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
X					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone: Drop off					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
Feline	DSH	grey tab	F	low	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>KA</i>				5-7-24	
DISPOSITION OF ANIMAL				DATE	
Etha				25-21	

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

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

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

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

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

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

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

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	11 <sup>50</sup> AM	CUSTODY DATE	5/7/24		LD. Case/No.	366600 366601
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]				CAN'T AFFORD THEM		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
5X Feline	4x DSH 1 DMH	1-F BLACK 2-F TORT 2 BIK	3-F 2-M	8 wks	1 1/2	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>Ann Jaume - Soc</i>					5/7/24	
DISPOSITION OF ANIMAL					DATE	
Euth					5/8/24	

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 a period of three years, and must be made available for inspection by any person who has a reasonable interest in the animal. This form is provided as a courtesy by the Danville Area Humane Society, 1000 S. Main St., Danville, VA 23218.

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

Characteristics: Good with children OK Lived Inside/Outside Outside Housebroken N  
 Disposition Health Gets along well with other pets Y  
 Did you contact another shelter about this animal? N/A 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.

V

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b>
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<b>CASE NO.</b> 36665	<b>CUSTODY DATE</b> 5-7-24	<b>TIME</b> 12:55 AM <input checked="" type="checkbox"/> PM
-----------------------	----------------------------	---

<b>REASON FOR CUSTODY (check appropriate box)</b>					
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
					Good with PI

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

<b>ANIMAL DESCRIPTION</b>						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit mix	Brown/whit	M	1 year	30 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

<b>CUSTODY RECORD PREPARED BY</b>	<b>DATE</b>
SIGNATURE & TITLE <i>ACU I.P. [Signature] #372</i>	5-7-24

<b>DISPOSITION OF ANIMAL</b>	<b>DATE</b>
<i>Euth</i>	5-15-24

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 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.

TIME	2:43 AM/PM	CUSTODY DATE	5/7/24	I.D. Case/No.	36666
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
X					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone: UNKNOWN			TRAPPING		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DMH	gray-white	F	1YR	6#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	None Def	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Cornelius Soc</i>				5/7/24	
DISPOSITION OF ANIMAL				DATE	
Trans				5/14/24	

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, P.O. Box 1163, Richmond, VA 23218.

Date: 5/7/24  
 Address: [Redacted]  
 Telephone: [Redacted]

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets YES  
 Did you contact another shelter about this animal? \_\_\_\_\_ 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 surrender custody of the above-described animal and I wish 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 \_\_\_\_\_

REASON FOR CUSTODY (mark appropriate box) LOCATION WHERE CUSTODY WAS TAKEN

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

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Darwinie	Terrier x	tri	F	low	2#	

ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")				
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
none	none	none	none	not detected

CUSTODY RECORD PREPARED BY: A Cottrell DATE: 5-8-24  
 DISPOSITION OF ANIMAL: RT back 2 shelter DATE:

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to 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	3:17 AM/PM		CUSTODY DATE	5/8/24		LD. Case/No.	3467A	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS		
	X							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
[REDACTED]				Can't keep Rosie				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Feline	DSH	OR9		F	12 wks	10 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 det.			
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE <i>Corn Jauner-sec</i>						5/8/24		
DISPOSITION OF ANIMAL						DATE		
Adopted						5/14/24		

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: [REDACTED] Date: 5/8/24  
 Address: [REDACTED] Telephone: [REDACTED]

Characteristics: Good with children Yes Lived Inside/Outside Inside 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? NA  
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature [REDACTED]

RE

4:50 AM PM

CUSTODY DATE

5/8/24

I.D. Case/No.

36676

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

Stray

Owner Surrender

Seized

Bite Case

Transfer from other locality/facility

Other

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Telephone: UNKNOWN

North main by Surpu  
Roaming in Road 2 days

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pitbull	White/BRN	F	8-12s	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: Anna Turner Soc

5/8/24

DISPOSITION OF ANIMAL

DATE

RTO

5/17/24

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, 1000 North Boulevard, Richmond, VA 23218.

Name: [Redacted] Date: 5/8/24

Address: [Redacted] Telephone: [Redacted]

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

STATEMENTS OF SURRENDER

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

Signature: [Redacted]

Or

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

Signature \_\_\_\_\_

TIME	2:53 AM/PM	CUSTODY DATE	5/7/24	I.D. Case/No.	36667 36668	
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 kept mother Can't keep other		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
4x Feline	DSH	2 tan 2 tort	M 3F	9 wks	2#	Non
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	NONE	None	None	None Det		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE <i>Amie Turner Sec</i>				5/7/24		
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 the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 786-8400, P.O. Box 1103, Richmond, VA 23218.

Name: [REDACTED] Date: 5/7/24  
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 back.

Signature \_\_\_\_\_

TIME	2:53 AM/PM	CUSTODY DATE	5/7/24	L.B. Case No.	36667 36608	
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 kept mother			
Telephone: [Redacted]			[Redacted]			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
4x Feline	DSH	2 tan 2 tort	1 M 3 F	9 wks	2#	Non
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	NONE	None	None	None Det		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE: [Redacted]				5/7/24		
DISPOSITION OF ANIMAL				DATE		
with VB				5/8/24		

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...

Name: [Redacted] Date: 5/7/24  
Address: [Redacted] Phone: [Redacted]

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	2:15 AM (PM)	CUSTODY DATE	5/8/24	I.D. Case/No.	36672	
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				found in parking lot UNDER A CAR		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	BLACK	M	5-6wks	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: Ann Turner - Soc					5/8/24	
DISPOSITION OF ANIMAL					DATE	
Euth					5/13/24	

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 three years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the office of the State Veterinarian, (804) 788-6400, P.O. Box 1163, Richmond, VA 23218.

Name: [Redacted] Date: 5/8/24  
 Address: [Redacted] Telephone: [Redacted]

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

TIME	2:54 AM/PM	CUSTODY DATE	5/8/24	LD. Case/No.	36673	
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 Nissan - she is under cur <sup>rent</sup> <sup>hurt</sup> leg			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	gray	F	7-8wks	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 Ann Juma Soc					5/8/24	
DISPOSITION OF ANIMAL					DATE	
1/2 ce LCAH					5-8-24	

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, 1001 West Main Street, 1163, Richmond, VA 23218.

Name: [Redacted] Date: 5-8-24

Address: [Redacted] Telephone: [Redacted]

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

Disposition ? Health hurt Gets along well with other pets YES

Did you contact another shelter about this animal? N/A 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 this 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	4:17 AM/PM	CUSTODY DATE	5/8/24	LD. Case/No.	36675	
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]				Roommate doesn't like cats Boomer ANG		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	D&H	gray tabby	M	6 mos	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 Def		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE <u>Anna Turner Soc</u>				5/8/24		
DISPOSITION OF ANIMAL				DATE		
Trans				5-17-24		

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature [REDACTED]

AGENCY NAME:  36680 36679				<b>ANIMAL CUSTODY RECORD</b> This form includes all mandated information as required by §3.2-6557.B of the Code of Virginia.			
ANIMAL ID 36678 36677	CUSTODY DATE 5/9/2024			TIME 10:00	AM <input checked="" type="checkbox"/> PM		
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN		
Stray/At Large/Unowned	Owner Surrender	Seized	Bite Case Quarantine	Transfer from Another Releasing Agency	Other		
	4			<input type="checkbox"/> Virginia <input type="checkbox"/> Out of State	[REDACTED]		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[REDACTED]				- "tattertot", M, Maltese, 14, wht, 15 lbs - "finkerbefl", F maltese, 14, wht, 8 lbs - "wags", M shizu, 14, blk, 8 lbs - "blondy", F peack, 14, wht, 8 lbs			
ANIMAL DESCRIPTION							
Species	Breed	Color/markings	Sex	Approx. Age	Approx. Weight	Other	
Canine x 4	Maltese x 2 shizu x 1 peack x 1	WHT x 3 BLK x 1	M x 2 F x 2	14 years	15 lbs x 1 8 lbs x 3	[REDACTED]	
ANIMAL IDENTIFICATION (check for all forms and complete all boxes. If not found, write NONE)							
City/county License number	Rabies tag Number	Tattoo	Collar (color, type, etc.)	Other identification (microchip, ID tag, etc.)			
None	None	None	tattertot = blk collar	None			
CUSTODY RECORD PREPARED BY:				DATE: 5/9/2024			
Signature & title: ALO I.V. Black #37R							
DISPOSITION OF ANIMAL					DATE: 5/10/2024		
Return to owner	Adopted	Euthanized	Died in custody	Transferred to another Virginia releasing agency (name of agency)	Transferred to Out-of-state releasing agency (name of agency)	Other	
		5-10-24					

This form may be used by animal control officers, custodians of any public or private animal shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.2-6557.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 Animal Care and Emergency Response, (804) 692-4001, P.O. Box 1163, Richmond, Virginia 23218.

TIME	6:58 (AM/PM)	CUSTODY DATE	5-9-24	ID. Case/No.	36681
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.				Found By Astorra foto	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine.	Bulldog Frenchi	Grey Brown	M.	2y	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.	Black harness		
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE A Cott LA.					5-19-24
DISPOSITION OF ANIMAL					DATE
TRF					6-10-24

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

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

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

Characteristics: Outside Housebroken \_\_\_\_\_  
Disposition \_\_\_\_\_  
Did you contact \_\_\_\_\_  
Has the animal \_\_\_\_\_  
sts along well with other pets \_\_\_\_\_  
y did they decline to accept? \_\_\_\_\_  
ast 10 days? \_\_\_\_\_

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

Signature \_\_\_\_\_

- I am the No other euthaniz possible allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.
- I surrender all property rights in such animal. knowledge the animal may be immediately subsection D, subdivisions 1 through 5. When ver-released animals for 24 hours before

Signature \_\_\_\_\_

Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	7:15 AM/PM	CUSTODY DATE	5-7-24	LD. Case/No.	26682		
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:				Dog had one shot			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
10	Pit	Br/W/W	M	3yrs	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 listed			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>AJ Mary</i>						5-7-24	
DISPOSITION OF ANIMAL						DATE	
Euth						5-17-24	

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.

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b>
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CASE NO.	326683	CUSTODY DATE	5-9-24	TIME	11:08	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
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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	Shepherd mix	whf	M	2 years	20 lbs	

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

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE: ACO I.D. Black PD# 372	5-9-24

DISPOSITION OF ANIMAL	DATE
Eut	5-22-24

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 should be directed to the State Veterinarian.

Pittsylvania Animal Control Public

AM/PM	CUSTODY DATE	5-9-24	I.D. Case/No.	36684 36685		
<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: <u>UNKNOWN</u>			<u>Banning At Large Killings other Pets</u>			
<b>ANIMAL DESCRIPTION</b>						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
2x Carine	Beagle X	<u>TAN white tan grey</u>	F	3yrs	30#	None
<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 Det		
<b>CUSTODY RECORD PREPARED BY</b>					<b>DATE</b>	
SIGNATURE & TITLE <u>Ann Janner-sec</u>					5-9-24	
<b>DISPOSITION OF ANIMAL</b>					<b>DATE</b>	
<u>ADO</u>					51327	

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

Date 5-9-24

Address: [REDACTED]

Characteristics: Good with children Not Sure Lived Inside/Outside Outside Housebroken 1  
 Disposition ? Health ? Gets along well with other pets NO  
 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 hereby 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	4:43 AM (M)	CUSTODY DATE	5/9/24	I.D. Case No.	36686 34687
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
X					
				DAH 5	

OWNER'S NAME & ADDRESS (if known) \_\_\_\_\_

ADDITIONAL INFORMATION: Trapping in park

Telephone: unknown

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
3x Feline	DSH	white tort	M 2F	5wks	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 Def.

CUSTODY RECORD PREPARED BY		DATE
SIGNATURE & TITLE	Ann Jannu-see	05/09/24
DISPOSITION OF ANIMAL		DATE
Euth		5/31/24

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 report shall be retained for two years and may be made available for public inspection upon request. Information on this form is to be confidential and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the office of the State Veterinarian, (804) 788-2183, P.O. Box 4183, Richmond, VA 23218.

Name: \_\_\_\_\_ Date: 5/9/24

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? N/A 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 \_\_\_\_\_ and I relinquish custody to the Danville Area Humane Society.

Signature \_\_\_\_\_

Or

I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person 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	4:35 AM/PM	CUSTODY DATE	5/9/2024	I.D. Case/No.	36689	Public
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAH5
X						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone: UNKNOWN				Walmart At Nordan Shopping in parking Lot		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline		Blk White	F	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 Det		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE Ann Turner - Soc					5/9/24	
DISPOSITION OF ANIMAL					DATE	
Trans					5.14.27	

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 Chief of the State Veterinarian, (804) 788-2483, P.O. Box 1163, Richmond, VA 23218.

Name: [Redacted] Date: 5/9/24

Address: [Redacted] Telephone: [Redacted]

Characteristics: Good with children? ? Lived Inside/Outside Outside Housebroken NO  
 Disposition ? Health NOT seen Gets along well with other pets YES  
 Did you contact another shelter about this animal? D. Carter Why did they decline to accept? They Full - Don't except from City  
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

STATEMENTS OF SURRENDER

[Redacted] hereby surrenders custody to the Danville Area Humane Society.

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

CASE NO. <i>36690</i>	CUSTODY DATE <i>5-9-24</i>	TIME <i>5:03 AM</i>	AM / PM <input checked="" type="checkbox"/>
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REASON FOR CUSTODY (check appropriate box)

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

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

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
<i>Canine</i>	<i>Shepherd mix</i>	<i>wht</i>	<i>F</i>	<i>2 years</i>	<i>60 lbs</i>	<i>None</i>

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

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

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <i>ACO I.D. Black PD# 372</i>	<i>5-9-24</i>

DISPOSITION OF ANIMAL	DATE
<i>Adopted</i>	<i>5-22-24</i>

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-706.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> [REDACTED]
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CASE NO.	3669/	CUSTODY DATE	5-10-24	TIME	9:20	<input type="checkbox"/> AM / <input checked="" type="checkbox"/> PM
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REASON FOR CUSTODY (check appropriate box)						Glendale Ave
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
1						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DMH	Bik	M	1 day	0.1 lbs	None

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

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <i>Alo I.D. Black MTH 372</i>	5-10-24

DISPOSITION OF ANIMAL	DATE
Euth 1/2cc 1 day - flymaggots on g. lc	5-10-24

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 §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	3:45 AM/PM	CUSTODY DATE	5-10-24	I.D. Case/No.	36702	
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]			Sherman with Does not do well <sup>with</sup> animals			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
K-9	Hound/Lab	Black/white	M	4	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)		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE <u>Mary (Buch)</u>				5-10-24		
DISPOSITION OF ANIMAL				DATE		
Adoption				5-13-24		

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 NO Lived Inside/Outside Housebroken \_\_\_\_\_

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

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	800 AM/PM	CUSTODY DATE	5-11-24	I.D. Case/No.	36703
------	-----------	--------------	---------	---------------	-------

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

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[Redacted]	Severe eye infection unhealthy

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	Blk & white	F	7 wks	2#	

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

CUSTODY RECORD PREPARED BY	DATE
[Signature]	5-11-24

DISPOSITION OF ANIMAL	DATE
Euth 3cc he - eye very bad - skinny - unhealthy -	5-11-24

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 must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian 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? 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.

Signat [Redacted]

Or

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

Signature \_\_\_\_\_

TIME	AM/PM	CUSTODY DATE	5-11-24	I.D. Case No.	36709 36705
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
2x feline	DSH	gray tabby	M/F	14 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 Beth</i>				5/11/24	
DISPOSITION OF ANIMAL				DATE	
Ether				6/5-24	

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	1:25 AM/PM	CUSTODY DATE	5-11-24	LD. Case/No.	36706 36707	Public	36708 36709 36710
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DASH	
	X						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
5x feline	DSH	Black/white 2 gray 2 blk	P 1F 3M	2yrs 9wks	6lb 2#	

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

CUSTODY RECORD PREPARED BY	DATE
Signature & Title: AV	5-12-24
DISPOSITION OF ANIMAL	DATE
Trans	5-14-24

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) 785-2483, P.O. Box 1183, Richmond, VA 23218.

Name: [Redacted] Date: 5-11-24

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

X Signature: [Redacted]

TIME	AM/PM	CUSTODY DATE	5-11-24	LD. Case/No.	36709 36705
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
2x feline	DSH	gray tabby	M/F	14 wks	4 lb
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					11-24
DISPOSITION OF ANIMAL					DATE
Euth					5-16-24

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 the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted 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: friendly Health \_\_\_\_\_ Gets along well with other pets   
 Did you contact another shelter about this animal?  Why did they decline to accept? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the 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 1:50 AM/PM CUSTODY DATE 5-11-24 I.D. Case/No. 3711

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

OWNER'S NAME & ADDRESS (if known)  ADDITIONAL INFORMATION Dog is just to Row around Toddler - Knocks over Baby -

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
<u>Canine</u>	<u>Pit.</u>	<u>Brown/Black</u>	<u>NM</u>	<u>1 1/2yr</u>	<u>50#</u>	




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

CUSTODY RECORD PREPARED BY  DATE 

SIGNATURE & TITLE \_\_\_\_\_ DATE \_\_\_\_\_

DISPOSITION OF ANIMAL Euth DATE 5-11-24

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) 799-2443, P.O. Box 1100, Richmond, VA 23218.

Name  Address  Telephone  Date 05-11-24

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

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-8546, 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. I acknowledge that I will be responsible for any costs incurred by the Danville Area Humane Society in caring for the animal.

TIME	2:45 AM/PM	CUSTODY DATE	5-11-24	I.D. Case/No.	36712 36713	
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]			Bonded pair			
Telephone: [Redacted] # Delilah 'Smoky' # 2						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
2x felines	DSH	2 Grey	SF	4 yrs	15# 12#	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	[Redacted]		
none	none	none	none	[Redacted]		
CUSTODY RECORD PREPARED BY						
SIGNATURE & TITLE				DATE		
[Signature] Mary				5-11-24		
DISPOSITION OF ANIMAL				DATE		
Trans				5-22-24		

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 1183, Richmond, VA 23218.

Name: [Redacted] Date: 5-11-24  
 Address: [Redacted] Telephone: [Redacted]

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

Rockingham County

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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 5-11-24 LD. Case/No. 30714

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"/>					

DAYS

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

Telephone: [REDACTED] CIT Security office lady -

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
<u>Feline</u>	<u>DMH</u>	<u>Orange</u>	<u>M</u>	<u>2yrs</u>	<u>10#</u>	

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

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

CUSTODY RECORD PREPARED BY None DATE 5-17-24

SIGNATURE & TITLE

DISPOSITION OF ANIMAL Euth DATE 5-17-24

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 [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 4. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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>This form complies with the requirements of §3.1-796.106.B of the Code of Virginia.</small>
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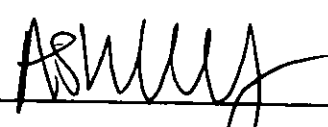
CASE NO.	3675	CUSTODY DATE	5/13/24	TIME	10:23 <input checked="" type="radio"/> AM <input type="radio"/> PM
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<b>REASON FOR CUSTODY (mark appropriate box)</b>						<b>CUSTODY TAKEN AT</b>
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	N Main ST
1						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
K9	Rott	brn/bk	M	2yrs	70lbs	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 collar	None

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE:  391	5/13/24

DISPOSITION OF ANIMAL	DATE
RTO	5/22/24

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

TIME	9:30 <sup>AM</sup> PM	CUSTODY DATE	5/12/24	I.D. Case No.	30716	
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:					-too much to handle, can't keep anymore - AMAC vet	
ANIMAL DESCRIPTION name is nyla						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	terrier	tan	F	3 yrs	14 lbs	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (tag type, etc.)	OTHER IDENTIFICATION (specify)		
		none	purple & pink	none detected		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>Robert [unclear]</i>					5/12/24	
DISPOSITION OF ANIMAL					DATE	
Trans					5/14/24	

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) 799-8400, P.O. Box 614, Raleigh, NC 27602-0614.

Name: [Redacted] Date: 5/12/24  
 Address: [Redacted] Telephone: 534-7779

Characteristics: Good with children yes 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? no

### STATEMENTS OF SURRENDER

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

Signature: [Redacted]

Or

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

Signature: [Redacted]

TIME	6:45 AM/PM	CUSTODY DATE	5-13-24	I.D. Case/No.	30717
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					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Female	DLH	Gray	M	2-3 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	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					5-18-24
DISPOSITION OF ANIMAL					DATE
Euth					5-19-24

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? \_\_\_\_\_ Why did they decline to accept? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the 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 of the Danville Area Humane Society.

TIME 8:00 AM/PM CUSTODY DATE 5-13-24 I.D. Case/No. 36718

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

OWNER'S NAME & ADDRESS (If known) \_\_\_\_\_  
 ADDITIONAL INFORMATION \_\_\_\_\_  
 Telephone: \_\_\_\_\_

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
<u>Seline</u>	<u>DSH</u>	<u>Blk &amp; white</u>	<u>M</u>	<u>4 wks</u>	<u>1#</u>	

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

CUSTODY RECORD PREPARED BY \_\_\_\_\_ DATE \_\_\_\_\_  
 SIGNATURE & TITLE [Signature] DATE 5-13-24  
 DISPOSITION OF ANIMAL Euth DATE 5-17-24

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 4. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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	12:05 AM/PM	CUSTODY DATE	05-13-24	I.D. Case/No.	36719	
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]						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	Tabby	F	1 1/2	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					DATE	
SIGNATURE & TITLE <i>Anna Jumaal - Sec</i>					05-13-24	
DISPOSITION OF ANIMAL					DATE	
Euth LCC AH					5-13-24	

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 abo

Signature \_\_\_\_\_

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

**ANIMAL CUSTODY RECORD**

CASE NO. 36720 CUSTODY DATE 5/13/24 TIME 12:10 AM /  PM

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

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

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

**ADDITIONAL INFORMATION**

Telephone:

TRAP

**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	org Tab	M	2 yrs	7 lbs	NONE

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

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

**CUSTODY RECORD PREPARED BY**

SIGNATURE & TITLE

*Ashley* 391

DATE

5/13/24

**DISPOSITION OF ANIMAL**

DATE

Euth

5-13-24

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, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

TIME	12:41 AM PM	CUSTODY DATE	5-13-24	LD. Case No.	36721 36722
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 Can't Keep All of these		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
4x feline	DHAT	BIK	2-M 2-F	7-WKS 1yrs	1# 8#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None Det	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Ann Turner Sec</i>					5-13-24
DISPOSITION OF ANIMAL					DATE
<i>Euth</i>					5-24-24

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) 788-3777, 1000 North 15th Street, Richmond, VA 23218.

Name: [REDACTED] Date: [REDACTED]  
Address: [REDACTED] Phone: [REDACTED]

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

TIME	12:50 AM/PM		CUSTODY DATE	5-13-24		L.D. Case/No.	3075	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	D.A.H.S.		
	X							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
Telephone:				Opello skidash-search				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Canine	Co-Shepherd	Black tan	M	2y	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 <i>KA</i>						5-13-24		
DISPOSITION OF ANIMAL						DATE		
<i>Euth.</i>						5-22-24		

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.

Date 5-13-24

Telephone

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

TIME	AM/PM	CUSTODY DATE		5-13-24	LD. Case/No.	36724
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAAS
	X					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]				He got from friend but he can't keep him no longer		
ANIMAL DESCRIPTION <u>Simba</u>						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Shih-Tzu	White	M	1yr.	15#	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <u>Ann Turner-Soe</u>					5-13-24	
DISPOSITION OF ANIMAL					DATE	
<u>Euth</u>					5-27-24	

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 Somewhat

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

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

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

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_

Or

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

TIME	2:10 AM (PM)		CUSTODY DATE	5-13-24		LB Case No.	36728 36729	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS 36730 36731 36732		
	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		
5x Canine	Pit	1 ad - white 3x tan - BEN	F 3m	1yr 2m 9wks	50# 1#	None		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)				
NONE	None	None	None	None				
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE <i>[Signature]</i>						5-13-24		
DISPOSITION OF ANIMAL						DATE		
Euth						5-22-24		

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

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

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

Characteristics: Good with children yes Lived Inside/Outside Lived Inside Housebroken yes - some are  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets yes  
 Did you contact another shelter about this animal? NO Why did they decline to accept? NA  
 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	2:10 AM (PM)	CUSTODY DATE	5-13-24	LD Case #	36728	36729
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	36730
	X					DAHS 36731 36732
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]				CAN'T Keep		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
5x Canine	Pit	1 ad - white 3x tan - BEN	F	1yr 2m 9wks	50# 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 [REDACTED]						5-13-24
DISPOSITION OF ANIMAL						DATE
RTO						5-17-24

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 - some are  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets YES  
 Did you contact another shelter about this animal? NO Why did they decline to accept? N/A  
 Has the animal bitten or scratched a person or animal within the past 10 days? 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>Danville Police Department</b> Animal Control Unit (434) 548-3017 36736	<b>ANIMAL CUSTODY RECORD</b> <small>The Virginia State Veterinarian prescribes the use of this form by §3.1-796.106.B of the Code of Virginia.</small>
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CASE NO.	36735 36733 36734	CUSTODY DATE	5/13/24	TIME	2:1	AM / <input checked="" type="radio"/> PM
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REASON FOR CUSTODY (mark appropriate box)						CUSTODY AGENCY
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
4						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline <sup>x4</sup>	DSH <sup>x4</sup>	gry x2 white x2	M <sup>x4</sup>	4wk <sup>x4</sup>	1lbs <sup>x4</sup>	None

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

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE: <i>Ashley</i> 391	5/13/24

DISPOSITION OF ANIMAL	DATE
Euth	5/17/24

*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.*

TIME	2:50 AM/PM		CUSTODY DATE	5-13-24		I.D. Case/No.	3073 / 36738	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAH		
<input checked="" type="checkbox"/>								
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
Telephone: UNKNOWN				TRAPPING				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
2x Feline	DSH	TADBY Seal Pt.	M F.	3wks	1#	None		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)				
None	None	None	None	None DSH				
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE <i>Ann Turner - Sec</i>						5-13-24		
DISPOSITION OF ANIMAL						DATE		
Euth						5-20-24		

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, 2000 Park Road, Box 4183, Richmond, VA 23218.

Name: \_\_\_\_\_ Date: 5-13-24  
 Telephone: \_\_\_\_\_

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside Outside Housebroken N  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets CS  
 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 animal and I relinquish custody to the Danville Area Humane Society.  
 Signature: \_\_\_\_\_  
 Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I 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	AM/PM	CUSTODY DATE	5/13/24	I.D. Case/No.	36739
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			[REDACTED]		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DISH	White	F	1yr	10#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	None	None	None	None Det	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Ann Turner - Sec</i>					5-13-24
DISPOSITION OF ANIMAL					DATE
Euth					5-22-24

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

Name \_\_\_\_\_ Date 5-13-24

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? 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	8:40 AM/PM	CUSTODY DATE	5/14/2024	I.D. Case/No.	36740	
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			
			Third Ave. & Arnett Blvd.			
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Shepherd X	White/gray	M	2 yrs.	10 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	Harness-black	None detected		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>Paulita Dean - Director</i>					5/14/2024	
DISPOSITION OF ANIMAL					DATE	
RTO					5-14-23	

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Characteristics: Good with children \_\_\_\_\_ Lived inside/outside \_\_\_\_\_ Housebroken \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter about this animal? 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, \_\_\_\_\_ and I relinquish custody to the Danville Area Humane Society.  
 Signature: \_\_\_\_\_  
 Or  
 • I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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		CUSTODY DATE 5/13/24		ID. Case No. 320741	
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 - covered in - found on NC line also	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
canine	beagle x?	tan/wht	F	10 1/2 yrs	20 lbs
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none detected	
CUSTODY RECORD PREPARED BY					DATE
Signature & Title <i>Andrew Hunt</i>					5/13/24
DISPOSITION OF ANIMAL					DATE
<i>Ethel</i>					5/30/24

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	800 AM PM	CUSTODY DATE	5-22-24	I.D. Case/No.	36748
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
X					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
LC	MSH	Tstt	F	2y/s	15lb
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Ar Mary</i>					5-22
DISPOSITION OF ANIMAL					DATE
Euth					5-22-24

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

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

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	8:00 AM/PM		CUSTODY DATE	5-13-84		I.D. Case/No.	312742	
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:				[REDACTED]				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
IP	Pitx	Tan	DF	3 mos	104			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)				
None	None	None	Pink	None declared				
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE						DATE		
Av						5-13-84		
DISPOSITION OF ANIMAL						DATE		
Euth						5-15-84		

This form may be used by animal control officers, custodians of any board or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to 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	8:00 AM (P)	CUSTODY DATE	5-12-24		I.D. Case/No.	36743, 36744 36745, 36746		
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shel		
<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:								
<b>ANIMAL DESCRIPTION</b>								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
12 YK	Dst	2 Bilk 36g TB	F 2Fm	2y 1K	15# 102	ns		
<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)			
ns	ns	ns	ns		ns			
<b>CUSTODY RECORD PREPARED BY</b>						<b>DATE</b>		
SIGNATURE & TITLE <i>Ag Moya</i>						5-12-24		
<b>DISPOSITION OF ANIMAL</b>						<b>DATE</b>		
Trans						5-2-27		

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) 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	1100 AM/PM	CUSTODY DATE	5-14-24	I.D. Case/No.	26749	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
[REDACTED]			[REDACTED]			
Telephone: [REDACTED]						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
IP	Lab X	Blk	F	3 mos	24	nr
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
nr	nr	nr	nr	none declared		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE <i>[Signature]</i> Manager				5-14-24		
DISPOSITION OF ANIMAL				DATE		
<i>[Signature]</i>				5-14-24		

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

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

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

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

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> <small>The form required by § 3.1-706.105.B of the Code of Virginia.</small>
--	--

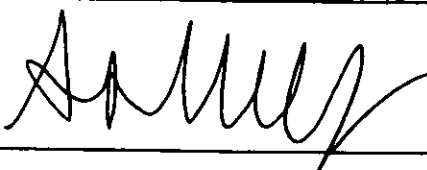
<b>CASE NO.</b>	36750	<b>CUSTODY DATE</b>	5/14/24	<b>TIME</b>	11:09 <input checked="" type="radio"/> AM <input type="radio"/> PM
-----------------	-------	---------------------	---------	-------------	--

<b>REASON FOR CUSTODY (mark appropriate box)</b>						CITY
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Meadowbrook Dr
1						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DMH	blk/wht	M	4yrs	10lbs	None

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

<b>CUSTODY RECORD PREPARED BY</b>	<b>DATE</b>
SIGNATURE & TITLE:  391	5/14/24

<b>DISPOSITION OF ANIMAL</b>	<b>DATE</b>
Luth	5-14-24

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 § 3.1-706.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> <small>The Code of Virginia, § 3.1-796.105.B of the Code of Virginia</small>
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CASE NO.	36751	CUSTODY DATE	5/14/24	TIME	12:20	AM / PM	(P)
----------	-------	--------------	---------	------	-------	---------	-----

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

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

**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Peline	DSH	org tab	M	2yrs	7lbs	None

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

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

**CUSTODY RECORD PREPARED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

	5/14/24
SIGNATURE & TITLE	

**DISPOSITION OF ANIMAL** \_\_\_\_\_ **DATE** \_\_\_\_\_

Euth	5-17-24
DISPOSITION OF ANIMAL	

This form may be used by animal 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	1249 AM (PM)	CUSTODY DATE	5-14-24	I.D. Case/No.	36752
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
lc	QBH	Gr 1/2 b	M	5 wks	14
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE		DATE		DATE	
[Signature]		5-14-24		5-14-24	
DISPOSITION OF ANIMAL				DATE	
Euth				5-14-24	

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) 786-2000, P.O. Box 1469, Richmond, VA 23218.

Name: \_\_\_\_\_ Date: 5-14-24  
 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? 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	1:20 AM/PM	CUSTODY DATE	5-14-24	I.D. Case/No.	20253, 36754, 36756, 36757, 36759
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]			[REDACTED]		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2CYK	DJH	6 BK	BF	2Y5	15K
			3 FIM	6 1/2 W	24
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none data	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					5-14-24
DISPOSITION OF ANIMAL					DATE
Euth					5-14-24

This form may be used by animal control officers, custodians of any animal, representatives of a humane society, or humane investigators to record and maintain the information required by the State of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be submitted and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to 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 each animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the

Signature

TIME	3:30 AM (PM)	CUSTODY DATE	5-14-24	I.D. Case/No.	36759	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	R					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
[Redacted]			Autumn			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
IL	DSH	Calico tabby	F	2 yrs	7th	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: AY					5-17-24	
DISPOSITION OF ANIMAL					DATE	
Trans					5-21-24	

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? Yes Why did they decline to accept? They were full  
 Has the animal bitten or scratched a person or animal within the past 10 days? No

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

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

TIME	4:00 AM/PM	CUSTODY DATE	5-14-24	I.D. Case/No.	30760
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:			Food Lion SC		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
llc	DSH	Gr/Tdb	F	6wk	14
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>[Signature]</i>					5-14-24
DISPOSITION OF ANIMAL					DATE
Ethel					6-5-24

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.

Name: *[Redacted]* (Date) 5/14/24  
 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 animal, and I surrender all property rights in such animal 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	1130 <sup>AM</sup> PM		CUSTODY DATE	05-15-24		I.D. Case/No.	36761	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter		
	<input checked="" type="checkbox"/>							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
[REDACTED]				Chocolate				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
PIC	DSH	Blk	F	1yr	8lb			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)				
nsu	u	nsu	non	none dated				
CUSTODY RECORD PREPARED BY						DATE		
Signature & Title: <i>Ay mg</i>						5/15/24		
DISPOSITION OF ANIMAL						DATE		
Euth						5/25/24		

This form may be used by animal control officers, custodians of any pound or strainer, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to 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 yes  
 Did you contact another shelter about this animal? NO Why did they decline to accept? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

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

CASE NO.	36762	CUSTODY DATE	5-15-24	TIME	11:16	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:	caught in trap

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DLH	grey	F	2 years	8 lbs	None

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

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE	
A/C I.D. Black P# 372	5-15-24

DISPOSITION OF ANIMAL	DATE
Euth	5-17-24

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 appropriate agency.

TIME	8:00 AM/PM	CUSTODY DATE	5-15-24	I.D. Case/No.	3603 3764	
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			
[REDACTED]						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
2x feline	DH	Black delftorr	M	2y	8lb	
ANIMAL IDENTIFICATION (complete all that 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					5-17-24	

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) 798-2483, P.O. Box 1163, Richmond, VA 23218.

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

STATEMENTS OF SURRENDER

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

Signature [REDACTED]

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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	106 AM/PM	CUSTODY DATE	5-15-24	I.D. Case/No.	36745, 76766, 36767, 76768, 36769	
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:			River den weened			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
SK	OSH	157 TB 4 m	BF 3m	3 wks	102	na
ANIMAL IDENTIFICATION (complete all that 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					5-15-24	
DISPOSITION OF ANIMAL					DATE	
with XS					5-15-24	

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) 788-6100, P.O. Box 1163, Richmond, VA 23218.

Name: [Redacted] Date: [Redacted]  
 Address: [Redacted] Telephone: [Redacted]

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

STATEMENTS OF SURRENDER

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

Signature: [Redacted] \_\_\_\_\_  
 Or

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

Signature \_\_\_\_\_

TIME	1:30 AM/PM	CUSTODY DATE	5-15-24	I.D. Case/No.	30770
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 AND ADDRESS (if known)			ADDITIONAL INFORMATION		
[Redacted]			Possible perus		
Telephone: [Redacted]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
IP	Pit	Gr/wh	M	9 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 listed	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Amg</i>					5-15-24
DISPOSITION OF ANIMAL					DATE
<i>with</i>					5-16-24

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 the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian 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? NO

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME 4:20 AM/PM    
 CUSTODY DATE 5-15-24    
 I.D. Case/No. 36771

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

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
<u>Cat</u>	<u>Tennessee</u>	<u>Black/Tan</u>	<u>M</u>	<u>2yrs</u>	<u>25lb</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>red</u>	<u>none detect</u>

CUSTODY RECORD PREPARED BY	DATE
<u>[Signature]</u>	<u>5-15-24</u>
DISPOSITION OF ANIMAL	DATE
<u>Adopted</u>	<u>5-30-24</u>

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

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

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

**STATEMENTS OF SURRENDER**

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

S: [Redacted Signature]  
 \_\_\_\_\_  
 Or

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

Signature \_\_\_\_\_

TIME	4:14 AM/PM	CUSTODY DATE	5-15-24	I.D. Case/No.	36772
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE 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
10	Pit	Tan/white	M	2yr	50lb
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None	
CUSTODY RECORD PREPARED BY					DATE
Signature & Title					
DISPOSITION OF ANIMAL					DATE
Euth					5-15-24

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: [Redacted] Date: 5-15-24

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.

TIME	4:30 AM/PM		CUSTODY DATE	5-15-24		I.D. Case/No.	36773	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shel		
	<input checked="" type="checkbox"/>							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
[Redacted]				None				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
IL	Ash	Gr	F	2y3	10lb	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 checked				
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE [Signature]						[Blank]		
DISPOSITION OF ANIMAL						DATE		
Trans						5/21/24		

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 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? no

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature [Redacted]

TIME	4:30 AM (PM)	CUSTODY DATE	5-1-24	I.D. Case/No.	20074, 36775
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]			[REDACTED]		
Telephone: [REDACTED]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
20	Pit	Ghost White brindle	1M IF	2yr 8 months	50lb 60lb
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	Black	None listed	
CUSTODY RECORD PREPARED BY					DATE
AV [Signature] Manager					5-5-24
DISPOSITION OF ANIMAL					DATE
With [Signature]					5-7-24

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 1183, Richmond, VA 23218.

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

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

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

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

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> <small>Form No. 10-108-2 (Rev. 10-1-06)</small>
--	---

CASE NO.	36776	CUSTODY DATE	5-16-24	TIME	10:22 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
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REASON FOR CUSTODY (mark appropriate box)						Piney forest rd
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	Heusky	Whit	F	2 years	40 lbs	None

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

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <i>A.C.O. I.D. Black ID# 372</i>	5-16-24

DISPOSITION OF ANIMAL	DATE
RTO	5-17-24

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.

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	ANIMAL CUSTODY RECORD <small>The following information is required by 53.1-796.105.B of the Code of Virginia.</small>
--	--

CASE NO.	36777	CUSTODY DATE	5-16-24	TIME	9:38	<input checked="" type="checkbox"/> AM / <input type="checkbox"/> PM
----------	-------	--------------	---------	------	------	--

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

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DMH	Grey	M	2 years	10/65	None

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

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <i>NOI D. Black #372</i>	5-16-24

DISPOSITION OF ANIMAL	DATE
FLTA	5-23-24

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 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	730 AM/PM	CUSTODY DATE	5-15-24	ID. Case/No.	36778
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			wound on side		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	labx	black & white	M	4 mos	15#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	black	none detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					5-15-24
DISPOSITION OF ANIMAL					DATE
Ethen					6-3-24

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	200 AM/PM	CUSTODY DATE	5-16-24	I.D. Case/No.	36779
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:			Stray		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
IC	D>H	BK	M	6m wch	14
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
non	non	non	non	non	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					DATE
DISPOSITION OF ANIMAL					DATE
Euth					5-7-24

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) 786-2400, Richmond, VA 23218.

Address:  Date: 5-16-24

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 am surrendering it to the Danville Area Humane Society.

Signature: 

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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	200 AM/PM	CUSTODY DATE	5-16-24	I.D. Case/No.	36780, 36781
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender <input checked="" type="checkbox"/>	Seized <input type="checkbox"/>	Bite Case <input type="checkbox"/>	Transfer from other locality/facility <input type="checkbox"/>	Other <input type="checkbox"/>
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[REDACTED]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Dog	DSH	262	F	6wks	14
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>A. L. Mc</i>				5-16-24	
DISPOSITION OF ANIMAL				DATE	
Adopted				5-16-24	

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 the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to 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 \_\_\_\_\_  
 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 animal.

Signature \_\_\_\_\_

TIME		5:00 AM <u>PM</u>		CUSTODY DATE		5-16-24		I.D. Case/No.		31782	
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 HOME ADDRESS (if known)						ADDITIONAL INFORMATION					
[REDACTED]						Drako					
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
10	P+	white		M	1yr	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 listed						
CUSTODY RECORD PREPARED BY										DATE	
SIGNATURE & TITLE <u>Ar Mangan</u>										5/16/24	
DISPOSITION OF ANIMAL										DATE	
Euth										5-22-24	

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 trained

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 available, the Danville Area Humane Society will keep owner-released animals for 24 hours before euthanizing them. I acknowledge that may not be possible in all cases, and I also acknowledge that I am required to follow the adoption policies and procedures if I decide I want the animal.

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> (To be used by the State of Virginia)
--	---

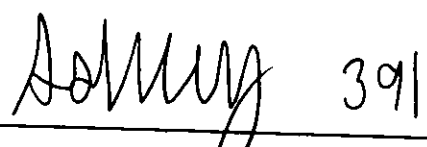
CASE NO.	36783	CUSTODY DATE	5/17/24	TIME	9:40 <input checked="" type="radio"/> AM <input type="radio"/> PM
----------	-------	--------------	---------	------	---

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

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
kg	Huskey Mix	red/brown	M	1yr	35lbs	NONE

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

CUSTODY RECORD PREPARED BY	DATE
	5/17/24

DISPOSITION OF ANIMAL	DATE
Etku	5-3-24

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 § 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>ANIMAL CUSTODY RECORD</b> Form No. 1-796.105.B of the Code of Virginia
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CASE NO.	36784	CUSTODY DATE	5-17-24	TIME	9:10	(AM) / PM
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REASON FOR CUSTODY (check appropriate box)					
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DMH	Grey	F	1 year	6lbs	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	5-17-24
A. O. F. D. Black P# 374	

DISPOSITION OF ANIMAL	DATE
Euth	5-21-24

*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 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) 796-2483, P.O. Box 1163, Richmond, Virginia 23218.*

TIME	10:45 AM/PM	CUSTODY DATE	5-17-24	I.D. Case/No.	36785
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]			M. 10		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
F	DSH	Brown/strip tabs	M	1	12
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Mary T. Burch</i>					5-17-24
DISPOSITION OF ANIMAL					DATE
<i>Euth</i>					5-20-24

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 \_\_\_\_\_ 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.

TIME	11:18 AM/PM	CUSTODY DATE	5/17/24	I.D. Case/No.	31786	
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:			TRAPS			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	M	org tan	M	2yr	5lbs	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
NONE	NONE	NONE	NONE	None		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE					DATE	
Ashley 391					5/17/24	
DISPOSITION OF ANIMAL					DATE	
Euth					5/14/24	

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

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

Has the animal bitten or scratched a person or animal within the 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	5-17 AM/PM	CUSTODY DATE	5-17-24	I.D. Case/No.	36288 36288
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	<input checked="" type="checkbox"/>				
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION
[REDACTED]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2x AMSTA	AMSTAFF	Brown White	F	9wks	5#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	not detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Mary L. Burnett</i>					5-17-24
DISPOSITION OF ANIMAL					DATE
<i>Lu &amp; k</i>					5-16-24

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

TIME	12:50 AM/PM	CUSTODY DATE	5-17-24	I.D. Case/No.	36789
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]			Found under car - #BC dying		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Felina	DSh	BeK	♀	9 wks	2#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					DATE
DISPOSITION OF ANIMAL					DATE
Euth. 5-17-24					5-17-24

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, 727 North 11th Street, P.O. Box 1163, Richmond, VA 23218.

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

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

STATEMENTS OF SURRENDER

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

X Sign: [Redacted]

Or

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

Signature \_\_\_\_\_

TIME	11:00 AM/PM	CUSTODY DATE	5-17-24	I.D. Case/No.	36790 34791	Public
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	D.A.H.S.
	<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]				owner had to NOTE		
Telephone: [REDACTED]						
SPECIES	BREED	COLOR	APPROX AGE	APPROX WEIGHT	OTHER	
K-9	Bull/P.H. Poodle/Mix	Brown/White	2	58	6620 E.V.C.	
ANIMAL IDENTIFICATION (complete all)						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLOR TYPE (Color, type, etc.)		SPECIES (specify)	
None	None	None	None		None	
CUSTODY RECORD PREPARED BY						
SIGNATURE & TITLE				DATE		
Mary E. Burch				5-17-24		
DISPOSITION OF ANIMAL				DATE		
Euth				6-27-24		

This form may be used by animal control officers, custodians of animal shelters, representatives of a humane society, or humane veterinarians. (504) 786-2483, P.O. Box 1163, Richmond, VA 23211

Name \_\_\_\_\_  
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? yes Why did they decline to accept? \_\_\_\_\_  
Has the animal bitten or scratched a person or animal within the past 10 days? no

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	1:55 AM (PM)			CUSTODY DATE	5/17/24		I.D. Case/No.	36792	
REASON FOR CUSTODY (mark appropriate box)							LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelb			
	<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		
IC	Dsh	Mk/wh		F	1yr	10lb	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>Asst Manager</i>							5-17-24		
DISPOSITION OF ANIMAL							DATE		
Euth							5-24-24		

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: 5/17/24  
 Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter about this animal? no Why did they decline to accept? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the past 10 days? no

STATEMENTS OF SURRENDER

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

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

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

Signature

TIME	2:00 AM/PM	CUSTODY DATE	5-17-24	I.D. Case/No.	36793
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:			TO Be Euth for owner Testic Cancer		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Boxer	White	M	10-12 yr.	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					
DISPOSITION OF ANIMAL					DATE
Euth. 12cc AA					5-17-24

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: [Redacted] Date: 5-17-24  
 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.

X Signature: [Redacted]

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

CASE NO.	36794	CUSTODY DATE	5-17-24	TIME	2:30		AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
----------	-------	--------------	---------	------	------	--	--

<b>REASON FOR CUSTODY (mark appropriate box)</b>					
Stray	Owner Surrender	Seized-Infoung	Bite Case	Transfer from other locality/facility	Other
		1			

<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	Chihuahua mix	Blk	M	3 months	1 lbs	None

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

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <i>ACO I.D. Black PD#372</i>	5-17-24

DISPOSITION OF ANIMAL	DATE
Adopted	6-3-24

*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 §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	4:30 AM/PM	CUSTODY DATE	5-17-24	I.D. Case/No.	36795-36797 36796-36798
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
4 Feline	DSH	2-BLK-1-WHT 1-grey	3F M	8 WKS	J
ANIMAL IDENTIFICATION (complete all that 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>					5-17-24
DISPOSITION OF ANIMAL					DATE
<i>Euth</i>					5-20-24

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

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I 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		4:45 AM/PM		CUSTODY DATE		5-17-24		I.D. Case/No.		
REASON FOR CUSTODY (mark appropriate box)								LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	D A H S				
	<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		
K-9	German Shepherd	P.H.M.I?			♂	12 WK	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		
Maurice F. Burdett								5-17-24		
SIGNATURE & TITLE								DATE		
DISPOSITION OF ANIMAL								DATE		
F & H								5-31-24		

3675  
264  
3681  
3681  
3680  
3681  
5680  
3680

8X

This form may be used by animal control officers, custodians of any pound or shelter, and private investigators to record and maintain the information required by the Code of Virginia. The records shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to 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? Not  
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	7:00 AM/PM	CUSTODY DATE	5-18-24	I.D. Case/No.	36808 36808
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]			TO Be Euth. For owner		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2x Canine	Poodles	White Tan/white	M	13yr	60lb
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				DISPOSITION OF ANIMAL	
				Euth	
				DATE	
				5-18-24	

Kicked out of house where...

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

Name: [REDACTED] Date: \_\_\_\_\_  
 Address: NO ADDRESS - Kicked out of friends house - that died. Telephone: \_\_\_\_\_

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

Signature [REDACTED]

TIME	10:15 <input checked="" type="radio"/> AM <input type="radio"/> PM	CUSTODY DATE	5-18-24	I.D. Case/No.	36809
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: His dog			Brother in Jail gave permission for sister to bring her Zoey		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pit x	Tan/white	♂	6 Mths	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	Blueish	None	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				DISPOSITION OF ANIMAL	
				Euth	
				DATE	
				5-22-24	

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) 786-6400, Room 100, Richmond, VA 23218.

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

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

Characteristics: Good with children  Lived Inside/Outside  Housebroken  Cage train.

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

Did you contact another shelter about this animal?  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	12	AM/PM	CUSTODY DATE		5-18-24	I.D. Case/No.	36810
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DASH	
X							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
58 West between James Road & Beach Ave. Telephone:				Client of AME - Couldn't contact owner Per call from AME - TIM			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Boston Terrier	Brown/white	M	3yr	20#		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
none	none	none	none	[REDACTED]			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE						5/18/24	
DISPOSITION OF ANIMAL						DATE	
NTO						5/18/24	

RABIES CERTIFICATE TO MAY 24

Chico

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 798-2488, P.O. Box 1183, Richmond, VA 23218.

Name: [REDACTED] 5-18-24  
 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: [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	1:15 AM/PM	CUSTODY DATE	5-18-24	I.D. Case/No.	6811	3681	368
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	D.A.H.S.	
	X						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[REDACTED]							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
19- feline	DSH		3F	1yr	5lbs	5lbs	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
none	none	none	none	none det			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE						DISPOSITION OF ANIMAL	
[REDACTED]						DATE	
[REDACTED]						[REDACTED]	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and 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: 5/18/24  
 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 policy.

TIME	1:15 AM/PM	CUSTODY DATE	5-18-24	I.D. Case/No.	36811	36812	36813
------	------------	--------------	---------	---------------	-------	-------	-------

REASON FOR CUSTODY (mark a)				LOCATION WHERE			
Stray	Owner Surrender	Seized	Bite Case				
	X			36814	calico	F	4 WKS
OWNER'S NAME & ADDRESS (if known)				36815	Tort	F	
[REDACTED]				36816	Blk/white	F	
[REDACTED]				36817	blk/white	M	
[REDACTED]				36818	Blk	M	
[REDACTED]				36819	gray Tabby	M	5 WKS
[REDACTED]				36820	gray	F	
[REDACTED]				36821	gray/white		
[REDACTED]				36822	Blk/white		
[REDACTED]				36823	gray/white		5 WKS
[REDACTED]				36824	org/white		
[REDACTED]				36825	Blk/white		
[REDACTED]				36826	gray/white		
[REDACTED]				36827	gray/white		
[REDACTED]				36828	org/white		WKS Buck Back

19-

- 1 Calico F 1yr
- 2 Gray/White Tabby F
- 4 gray/white
- ~~2 Blk/white~~
- 1 org/white
- 1 gray tabby
- 1 gray
- 1 Calico F
- 1 Tort F
- 1 Blk

- 36828 - org/white
- 36829 - gray/white
- 36830 - gray/white
- 36831 - gray/white
- 36832 - gray/white
- 36833 - gray/white
- 36834 - gray/white
- 36835 - gray/white
- 36836 - gray/white
- 36837 - gray/white
- 36838 - gray/white
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- 36892 - gray/white
- 36893 - gray/white
- 36894 - gray/white
- 36895 - gray/white
- 36896 - gray/white
- 36897 - gray/white
- 36898 - gray/white
- 36899 - gray/white
- 36900 - gray/white

Inside/Outside Housebroken  
 Gets along well with other pets  
 Why did they decline to accept?  
 Ship the next 10 days?

Euth  
 5.20.24  
 Danville Area Humane Society.



I am the rightful owner of this animal. No other person has been authorized or designated as the caretaker of this animal. If possible, the Danville Area Humane Society will attempt to locate the owner.

I understand that I will retain all property rights in such animal and that I may be immediately notified of any adoptions through 5. While I will be notified for 24 hours before any adoption, I understand that I will be notified in all other cases, and I also understand that I will be notified if I decide I want to

TIME	1:15 AM/PM	CUSTODY DATE	5-18-24	LD. Case/No.	36811	36812	36813
------	------------	--------------	---------	--------------	-------	-------	-------

REASON FOR CUSTODY (mark a)

Stray	Owner Surrender	Seized	Bite Case
	X		

OWNER'S NAME & ADDRESS (if known)

[REDACTED]

SPECIES	BREED	COLOR
---------	-------	-------

19- Feline DSH

36814 calico F wks  
 36815 Tort F  
 36816 Blk/white F  
 36817 blk/whitem  
 36818 Blk /m  
 36819 gray Tabby m wks  
 36820 gray F  
 36821 gray/white  
 36822 Blk/white  
 36823 gray/white wks  
 36824 org/white  
 36825 Blk/white  
 36826 gray/white

- 1 Calico F 1yr
- 2 Gray/White Tabby F
- 4 gray/white
- 1 org/white
- 1 gray tabby
- 1 gray
- 1 Calico F
- 1 Tort F
- 1 Blk

36828 - org/white 4wks  
 Euth - 3cc 5-18-24 Le

Inside/Outside    Housebroken  
 Gets along well with other pets  
 Why did they decline to accept in the past 10 days?

DATE OF SURRENDER    Euth 5-20-24  
 I hereby surrender custody to the Darville Area Humane Society.

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

TIME 11:15 AM/PM CUSTODY DATE 5-18-24 I.D. Case/No. 30829  
30830

REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DHS
<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
<u>2</u> <u>female</u>	<u>DST</u>	<u>Black white</u>	<u>F</u>	<u>1 yr</u>	<u>6#</u>	

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

CUSTODY RECORD PREPARED BY \_\_\_\_\_ DATE \_\_\_\_\_  
 SIGNATURE & TITLE \_\_\_\_\_

DISPOSITION OF ANIMAL \_\_\_\_\_ DATE 5-24-24  
Euth

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the office of the State Veterinarian, (804) 798-2400, P.O. Box 1163, Richmond, VA 23211.

Name \_\_\_\_\_ Date 5/18/24  
 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 \_\_\_\_\_

TIME	1:40 AM/PM	CUSTODY DATE	5-18-24	I.D. Case/No.	36831
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
Canine	Beagle	Brown/white	F	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	camo	not detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE [Signature] KA				5-18-24	
DISPOSITION OF ANIMAL				DATE	
Adopted				6-27-24	

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.

S [REDACTED]

Or

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

Signature \_\_\_\_\_

TIME	3:00 AM/PM	CUSTODY DATE	5-18-24	I.D. Case/No.	36834 36835 36836
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			Found - in Basement		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
3x feline	DMH	1 grey 2 black	M	4 wks	2#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none et.	
CUSTODY RECORD PREPARED BY:				DATE	
SIGNATURE & TITLE				DATE	
DISPOSITION OF ANIMAL				DATE	
Euth				5-20-24	

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 (804-788-3373, P.O. Box 1163, Richmond, VA 23218).

Name: [Redacted]      Date: 5/18/2024  
 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? \_\_\_\_\_ Why did they decline to accept? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the past 10 days? \_\_\_\_\_

STATEMENTS OF SURRENDER

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

X Signature: [Redacted]

Or

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

Danville Animal Control    Danville Area Humane Society    Pittsylvania Animal Control  Public

TIME	3:20 AM/PM	CUSTODY DATE	5-18-24	I.D. Case/No.	36837
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]			Found along Hwy-		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	Dm H	Black	F	4wks	1#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none def.	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					
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 1483, Richmond, VA 23218.

Name: [REDACTED] Date: 5/18/24  
 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.

[REDACTED]

Or

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

Signature \_\_\_\_\_

TIME: 11:15 AM/PM CUSTODY DATE: 5-19-24 I.D. Case No. 36838, 36837, 36841, 36842, 3684

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

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
7x Canine	Ausie mix	See attached paper	BF HM	9w	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 detected

CUSTODY RECORD PREPARED BY	DATE
[Signature]	5-19-24
DISPOSITION OF ANIMAL	DATE
Trans	5-26-24

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) 788-3333, 1000 North Boulevard, Richmond, VA 23218.

Name: [REDACTED] Date: 5-19-24  
 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	1200 AM/PM	CUSTODY DATE	5-19-24	I.D. Case/No.	30845
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 ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]			given to son by friend parents said no		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
canine	lab	blk & white	M	12 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 detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE [Signature]				5-19-24	
DISPOSITION OF ANIMAL				DATE	
Ethen				6-3-24	

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: [REDACTED] Date: 5-19-24

Address: [REDACTED] Telephone: [REDACTED]

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

STATEMENTS OF SURRENDER

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

Or

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

Signature: [REDACTED]

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	11:45 AM/PM	CUSTODY DATE	5/19/24	I.D. Case/No.	36846	36847	36848	36849	36848
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other				
<input checked="" type="checkbox"/>					DAHS				
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION				
					drop off				
Telephone:									
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
(3) feline	DMH	black	(2)F (1)M	3mths.	5lbs				
ANIMAL IDENTIFICATION (complete all that 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	
Ruben Hurt								5/19/24	
SIGNATURE & TITLE								DATE	
DISPOSITION OF ANIMAL								DATE	
Trans								5-21-24	

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? \_\_\_\_\_ Why did they decline to accept? \_\_\_\_\_

Has the animal bitten or scratched a person or animal within the 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	8:39 AM/PM	CUSTODY DATE	5/20/24	LD. Case No.	36849	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	1					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
<del>WESTLEY</del> Westley Fuiks Telephone: (Jail) Probation Violation			"Bella"			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
K9	Pit Mix	tri	F	4 yrs	45 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)		
N	N	N	N	N		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE Ashley 391					5/20/24	
DISPOSITION OF ANIMAL					DATE	
Euth					5-24-24	

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 State Veterinarian, (804) 788-6413, P.O. Box 1163, Richmond, VA 23216.

Name: [Redacted] (Homeless) Date: 5/20/24

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

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

Disposition Health Stinky Gets along well with other pets Yes

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

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


STATEMENTS OF SURRENDER

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

Signature: [Redacted] Or \_\_\_\_\_

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 4. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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	6:00 AM/PM	CUSTODY DATE	5-20-24			I.D. Case/No.	36850
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	
X							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Unknown				Sence climber			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	pit	blk & white	F	2-3yrs	40#		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
NONE	NONE	NONE	NONE	None detected			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE 						5-20-24	
DISPOSITION OF ANIMAL						DATE	
MTO						5-24-27	


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	8:00 AM/PM	CUSTODY DATE	5-19-24		I.D. Case/No.	36851		
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: Drop off								
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Retrie	Shimmer	Seal pt.	F	4 1/2	14			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)			
none	none	none	none		not detected			
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE: Q.H.						5-19-24		
DISPOSITION OF ANIMAL						DATE		
Trans						5-21-24		

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? \_\_\_\_\_ Why did they decline to accept? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the 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 11:40 AM/PM		CUSTODY DATE 5/20/24		LB. Case No. 312852		
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	1					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
same as below			"Drako"			
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
kg	Tri	white pit	M	2 yrs	35 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	Black/white	NONE		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE ASU... 391				5/20/24		
DISPOSITION OF ANIMAL				DATE		
Euth				5-21-24		

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 90 days. Information on this form is to be maintained and stored in accordance with the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the State Veterinarian, (804) 786-2403, P.O. Box 1161, Richmond, VA 23218.

Name: [Redacted] Date: 5/20/24

Address: [Redacted] Telephone: [Redacted]

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in 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	12:00 AM (PM)	CUSTODY DATE	5/20/24	I.D. Case No.	36853	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	1					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
Same as below			"Yola"			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
K9	Chihuahua Mix	Blk	F	5 yrs	20 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	Artec	NONE		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>[Signature]</i>					5/20/24	
DISPOSITION OF ANIMAL					DATE	
Euth					5/24/24	

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) 788-3333, or the State Veterinarian, 22218.

Name: \_\_\_\_\_ Date: 5/20/24  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-8546, subsection D, subdivisions 1 through 3. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in 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]*  
 SK \_\_\_\_\_

TIME	1239 AM/PM	CUSTODY DATE	5/20/24	I.D. Case/No.	30854 36855	
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"/>					DAH	
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
Telephone: Unknown			Found under tree			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
2x Feline	DAH	gray white cream	M	3 wks	1/2 oz	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>Carm Jumper-Sax</i>					5/20/24	
DISPOSITION OF ANIMAL					DATE	
<i>2 wks</i>					5/20/24	

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

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

Characteristics: Good with children N Lived Inside/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? Used  
 Has the animal bitten or scratched a person or animal within the past 10 days? No

STATEMENTS OF SURRENDER

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

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

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

Signature

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

**ANIMAL CUSTODY RECORD**

CASE NO. 36856 CUSTODY DATE 5-20-24 TIME 1:07 AM  PM

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

Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	<u>531 Cabell St</u>
			<u>1</u>			

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

**ADDITIONAL INFORMATION**

[REDACTED]

Dangerous dog hearing

Telephone:

**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
<u>Canine</u>	<u>Plt mix</u>	<u>Wh/Bro</u>	<u>F</u>	<u>2 years</u>	<u>50 lbs</u>	<u>None</u>

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

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

**CUSTODY RECORD PREPARED BY**

**DATE**

SIGNATURE & TITLE A/C I.P. Black ID# 372 DATE 5-20-24

**DISPOSITION OF ANIMAL**

**DATE**

RTO DATE 6-20-24

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

TIME	1:20 AM/PM	CUSTODY DATE	5/20/24	I.D. Case/No.	36857
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					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	ORG white Crown WH	M F	7 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 Det	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Ann Farmer - Sec				5/20/24	
DISPOSITION OF ANIMAL				DATE	
Trans				5-21-27	

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.

X Name: \_\_\_\_\_ Date: 5/20/24

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? NO

X STATEMENTS OF SURRENDER

I do not own \_\_\_\_\_ and I hereby 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	2:20 AM/PM	CUSTODY DATE	5/20/24	I.D. Case/No.	36859 36860	
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]			TO many to keep			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
4X Feline	D5H	3-BIK 1 ORF	2-M 2-F	2wks	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>Ann Farmer - Sec</i>					5/20/24	
DISPOSITION OF ANIMAL					DATE	
TRANS					5/21/24	

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 Lived Inside Housebroken yes - somewhat  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets none  
 Did you contact another shelter about this animal? NO Why did they decline to accept? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	3:06 AM/PM	CUSTODY DATE	5/20/24	I.D. Case/No.	36846
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					DAHS
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone: unknown			Found in his yard sickly		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DMH	wh/ Tan	F	3wk	#
ANIMAL IDENTIFICATION (complete all that 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 Jaume Sec</i>					5/24/24
DISPOSITION OF ANIMAL					DATE
Euth					5/24/24

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) 786-2483, P.O. Box 1183, Richmond, VA 23218.

Name: \_\_\_\_\_ Date: 5/20/24  
 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?   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		4:35 AM/PM		CUSTODY DATE		5/20/24		I.D. Case/No.		36872	
REASON FOR CUSTODY (mark appropriate box)								LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		D.A.H.S.				
	X										
OWNER'S NAME & ADDRESS (if known)						ADDITIONAL INFORMATION					
Telephone:						He said his friend can't keep.					
ANIMAL DESCRIPTION											
SPECIES		BREED		COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Reptile		Bearded DRAGONS						-	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 Jarmu-Soc</i>								5-20-24			
DISPOSITION OF ANIMAL								DATE			
DOA								5-22-24			

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) 788-2462, P.O. Box 1163, Richmond, VA 23218.

Name:  Date: \_\_\_\_\_  
 Address:  Telephone: *24570* 

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter 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	9:00 AM/PM	CUSTODY DATE	5-20-24		I.D. Case/No.	36873	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter ✓	
✓							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone:				Dooey			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
WD	P+T	Tan/White	M	3 yrs	60 lbs	none	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
none	none	none	none	none detected			
CUSTODY RECORD PREPARED BY						DATE	
Signature: <i>[Signature]</i> Title: <i>[Signature]</i>						5-20-24	
DISPOSITION OF ANIMAL						DATE	
ADOPTED						5-25-24	

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

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

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

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

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	8:47 AM/PM	CUSTODY DATE	5-21-24	I.D. Case/No.	36874
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:			Vandola road		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
10	Retriever	Tan/White	M	1 yr	40 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 declared	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					DATE
DISPOSITION OF ANIMAL					DATE
Adopted					6-14-24

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: [Redacted] Date: 5-21-24  
 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? 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 \_\_\_\_\_

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> <small>The Code of Virginia, § 3.1-796.105.B of the Code of Virginia</small>
--	--

CASE NO.	36875	CUSTODY DATE	5/21/24	TIME	8:17 <span style="border:1px solid black; border-radius:50%; padding:2px;">AM</span> / PM
----------	-------	--------------	---------	------	---

REASON FOR CUSTODY (mark appropriate box)						CUSTODY TYPE
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
					1 DD	[REDACTED]

OWNER'S NAME & ADDRESS (Print)	ADDITIONAL INFORMATION
[REDACTED]	[REDACTED]
Telephone:	Bite

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
K9	doberman	blk/brn	M	3yrs	65lbs	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	UK	none	harness	none		

CUSTODY RECORD PREPARED BY	DATE
	5/21/24
SIGNATURE & TITLE	

DISPOSITION OF ANIMAL	DATE
Euth	8-5-24

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 at least five years, and must be made available for public 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 in the Office of

TIME	12 <sup>40</sup> AM/PM	CUSTODY DATE	05/21/24	I.D. Case/No.	36876
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 just can't keep her.		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Blk	F	1yr	6#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None Det	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Ana Turner-Soc</i>					5/21/24
DISPOSITION OF ANIMAL					DATE
Euth					5/23/24

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 a period of 5 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 \_\_\_\_\_ Date 5/21/24

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

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside Housebroken Yes  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets Yes  
 Did you contact another shelter about this animal? \_\_\_\_\_ 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	5 05 AM/PM	CUSTODY DATE	5/21/24	I.D. Case/No.	36877	
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:			Riverside Street			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	Gray-White	F	lowks	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>Anne Turner - Sec</i>				5/21/24		
DISPOSITION OF ANIMAL				DATE		
Trans				5/21/24		

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, 1000 North Boulevard, Richmond, VA 23218.

Name: \_\_\_\_\_ Date: 5/21/24  
 Address: \_\_\_\_\_

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

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

Or

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

Signature \_\_\_\_\_

TIME	1:50 AM	CUSTODY DATE	5/21/24	I.D. Case No.	36878 36879
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]			Tony was brought in and given them away		
PHYSICAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
3x Canine	Pug/Chix	Tan & Black	2-F 1-M	7wks	2#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE Cora Turner-Sic				5/21/24	
DISPOSITION OF ANIMAL				DATE	
F+H+U				6/7/24	

TIME	1:50 AM/PM	CUSTODY DATE	5/21/24	I.D. Case/No.	(36878) 36879
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]			Troy was brought 3 ant give them away		
GENERAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
3x Canine	pug/chix	Tan Bk Tan	2-F, 1-M	TuKs	2#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None De	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Cina Turner-Soc</i>				5/21/24	
DISPOSITION OF ANIMAL				DATE	
3x TRF				7-7-24	

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 Chief of the State Veterinarian, (804) 799-8400, 2010 North 15th Street, Richmond, VA 23218.

[REDACTED] Date 5/21/24  
 [REDACTED] Tel: [REDACTED]

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

[REDACTED]

TIME	AM/PM	CUSTODY DATE	5/21/24	I.D. Case No.	36881 36882
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				DAH
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
24 Canine	Chi X / Pug	tan Blk-tan	F	9wks	2#
OTHER: None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE: Ann Jumeau-Soc					5/21/24
DISPOSITION OF ANIMAL					DATE
By Ethel					6/17/24

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, § 3.2-6546, for a period of one year, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian 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 434-713-5859

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

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

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

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	3:06 AM/PM		CUSTODY DATE	5/21/24		I.D. Case/No.	(368 83)	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	368 84		
	X					DAHS 368 85 368 84 368 87 368 88 368 89		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
[REDACTED]				They CAN'T keep all 7 of these cats.				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
7x Feline	DSTH	2-m grey tabby 1-m grey tabby tort	M-3 F-4	1 yr 3 mos		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 Tag.				
CUSTODY RECORD PREPARED BY:						DATE		
SIGNATURE & TITLE: Ann Linn-Soc						5/21/24		
DISPOSITION OF ANIMAL:						DATE		
Euth						5/23/24		

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

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature

TIME 11	3:30 AM (M)	CUSTODY DATE	5-21-24	I.D. Case/No.	30890
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]			D.A.H.S.		
Telephone			nurse Mindy		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Chix	tan.	SP	4y	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 identified	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>[Signature]</i>					5-21-24
DISPOSITION OF ANIMAL					DATE
Euth					5-21-24

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) 788-5500, Box 1163, Richmond, VA 23218.

Name: [REDACTED] Date: 5-21-24  
 Address: [REDACTED] Telephone: [REDACTED]

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

*August*

TIME	3:50 AM/PM	CUSTODY DATE	05/21/24	I.D. Case/No.	316891
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:			TO BE Euth		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	German Shorthair Pointer	Black+white	M	12 YRS	75
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None D.H.	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					DATE
DISPOSITION OF ANIMAL					DATE
12 CC AH-MC					5-21-24

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, P.O. Box 1163, Richmond, VA 23218.

X Name: [Redacted] Date: 5/21/24  
 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? 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 bound by the adoption policies and procedures if I decide I want the

X Signature: [Redacted]

TIME 4:41 AM/PM AM CUSTODY DATE 5/21/24 I.D. Case/No. 36892  
36893

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

OWNER'S NAME & ADDRESS (if known)      ADDITIONAL INFORMATION  
 Telephone: UN KNOWN      1575 Richmond #45-314  
Owner moved - Blvd left in Apartment

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
<u>2x Curious</u>	<u>Pitbull</u>	<u>Shake Brindlewhite</u>	<u>F</u>	<u>1yr</u>	<u>30#</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>Blue Pink</u>	<u>NONE D +</u>	

CUSTODY RECORD PREPARED BY	DATE
<u>Ann Janner - Sec</u>	<u>5-21-24</u>
DISPOSITION OF ANIMAL	DATE
<u>Ethe</u>	<u>6-7-24</u>

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

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

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

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

STATEMENTS OF SURRENDER

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

Signature [Signature]      Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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>This form is required by 53.1-796.105.B of the Code of Virginia.</small>
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CASE NO.	36894	CUSTODY DATE	5-22-24	TIME	9:40	AM / PM
----------	-------	--------------	---------	------	------	---------

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

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>
Telephone:	

**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit mix	wht / brindle	F	11 years	30 lbs	None

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

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

<b>CUSTODY RECORD PREPARED BY</b>	<b>DATE</b>
SIGNATURE & TITLE <i>Aro I. D. Black PD # 322</i>	5-22-24

<b>DISPOSITION OF ANIMAL</b>	<b>DATE</b>
RTO	5-27-24

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 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	AM/PM	CUSTODY DATE	5-22-24	I.D. Case/No.	36895
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]			TO BeLuth "Sunshine"		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	PUG	Tan	SF	12M	23#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	NONE et	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Ann Turner - Sec</i>					5-22-24
DISPOSITION OF ANIMAL					DATE
luth					5-22-24

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) 788-6100, P.O. Box 1163, Richmond, VA 23218.

Name: [REDACTED] Date: 5/22/24

Address: [REDACTED] Danville Telephone: [REDACTED]

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

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

**ANIMAL CUSTODY RECORD**  
Title: 53.1-796.105.B of the Code of Virginia

<b>CASE NO.</b>	36896	<b>CUSTODY DATE</b>	5-22-24	<b>TIME</b>	2:00	<b>AM / PM</b>	
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**REASON FOR CUSTODY (check appropriate box)**

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>
	caught intraj
<b>Telephone:</b>	

**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DMH	Calico	F	1 year	6 lbs	None

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

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

**CUSTODY RECORD PREPARED BY**

<b>SIGNATURE &amp; TITLE</b>	<b>DATE</b>
A/C I.D. Black PD# 372	5-22-24

**DISPOSITION OF ANIMAL**

<b>DISPOSITION</b>	<b>DATE</b>
Euth	5-29-24

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 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	2:51 AM/PM	CUSTODY DATE	5/22/24	I.D. Case/No.	36897
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]			Do NOT get Along with other Animals At All Lots of Energy		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pit X	White Black	M	2yrs	45#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None Det	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE Ann Turner-Soc					5/22/24
DISPOSITION OF ANIMAL					DATE
Euth					5-31-24

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 and submitted 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 5/22/24

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

Characteristics: Good with children NO Lived Inside/Outside Housebroken NO Does play.  
 Disposition Health Gets along well with other pets SMALL ANIMALS  
 Did you contact another shelter about this animal? YES Why did they decline to accept? WANT TO Euth  
 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 each animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

Signature [REDACTED]

TIME	3:51 AM/PM	CUSTODY DATE	5/22/24	I.D. Case/No.	36898
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 no longer Cleo		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Grey	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-DSH	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Anne Turner Sec</i>					5/22/24
DISPOSITION OF ANIMAL					DATE
Trend					5/22/24

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Date: 5/22/24  
 Address: [REDACTED] Telephone: [REDACTED]

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

TIME	401 AM/PM	CUSTODY DATE	5/22/24	I.D. Case/No.	36899	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	X					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[Redacted]				They can't keep all these.		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
5x Feline	DSH	Light grey tab seal Blk white - Dark grey	2-M 3-F	5-6 wks	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>Anna Stumm - sec</i>				5/22/24		
DISPOSITION OF ANIMAL				DATE		
Trans				5/21/24		

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 5/22/24

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? 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	AM/PM	(A)	CUSTODY DATE	5/22/24	I.D. Case/No.	36924
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DHS	
	X						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[REDACTED]				She is unable to keep her very pregnant			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	G.S	TRI	F	3-4 yrs.	60#		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	None	None DHS			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>Ann Turner - Sec</i>						5/22/24	
DISPOSITION OF ANIMAL						DATE	
Adopted						7-24	

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

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

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

Disposition Health Gets along well with other pets yes

Did you contact another shelter about this animal? 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 \_\_\_\_\_

TIME	4-15 AM/PM	CUSTODY DATE	5/22/24	I.D. Case/No.	36905 36906
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
				DAHS 36907 36908 36909	

OWNER NAME & ADDRESS (if known)

[REDACTED]

ADDITIONAL INFORMATION

They can't keep these wife being feeding mother

ANIMAL DESCRIPTION

5x

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	gray tab Blk-wh 1 tan leg wh	2M 1F	5wks	1#	None

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

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

CUSTODY RECORD PREPARED BY:

SIGNATURE & TITLE	Ann Janner - Sec	DATE	5/22/24
DISPOSITION OF ANIMAL		DATE	
Euth		5/23/24	

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

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

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_ No

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

Did you contact another shelter about this animal? 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	5 AM/PM	CUSTODY DATE	5/22/24	I.D. Case/No.	30910
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			This cat scratched the other lady that was with H. Lindsey		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Felina	DSH	org	m	9wks	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: Ann Jarner - sec				5/22/24	
DISPOSITION OF ANIMAL				DATE	
L/L				5/29/24	

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Name: [Redacted]    Date: 5-22-24  
 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? NO

STATEMENTS OF SURRENDER

I do not own this 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.

[Handwritten mark]

TIME	5 AM/PM	CUSTODY DATE	5/22/24	I.D. Case/No.	36911
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 Duke Rd.		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Husky	Black tan	F	10 Wk.	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	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Anna Turner-Soc</i>				5/22/24	
DISPOSITION OF ANIMAL				DATE	
Adopted				5-22-24	

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

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

STATEMENTS OF SURRENDER

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

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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>Form 1-796.105.B of the Code of Virginia</small>
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CASE NO.	36912	CUSTODY DATE	5-22-24	TIME	9:45 AM/PM
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REASON FOR CUSTODY (check appropriate box)						Glendale Ave
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
1						

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

**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DMH	Blk/wh	F	2 years	8 lbs	None

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

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

**CUSTODY RECORD PREPARED BY:**

SIGNATURE & TITLE	DATE
Aco I. D. Black PD# 372	5-22-24

**DISPOSITION OF ANIMAL:**

DISPOSITION	DATE
Euth	5-29-24

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<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b>
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CASE NO.	36913	CUSTODY DATE	5-23-24	TIME	11:10	
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REASON FOR CUSTODY (Mark appropriate box)						
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
1						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DMH	Grey	M	3yrs	10lbs	None

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

CUSTODY RECORD PREPARED BY		DATE
SIGNATURE & TITLE	ACOI.P. Black MTH TH	5-23-24

DISPOSITION OF ANIMAL		DATE
Euth		5-28-24

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

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

**ANIMAL CUSTODY RECORD**

CASE NO.	36914 36915	CUSTODY DATE	5-23-24	TIME	12:32	AM / PM	<input checked="" type="checkbox"/> PM
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**REASON FOR CUSTODY (check appropriate box)**

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

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

**ADDITIONAL INFORMATION**

Telephone:

**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine x2	Pit mix x2	Brown	F	3 years	50 lbs	None
		Grey	M	3 years	50 lbs	

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

CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
None	None	None	B15 <del>None</del> collar	None

**CUSTODY RECORD PREPARED BY**

**DATE**

SIGNATURE & TITLE

ACO I.D. Black PD# 322

5-23-24

**DISPOSITION OF ANIMAL**

**DATE**

RTO

6-4-24

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 §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	4:50 AM/PM	CUSTODY DATE	5/23/24	I.D. Case/No.	3,920
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]			Food Aggressive - Bite them Bruce		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pitbull	Brown	M	6 YRS	60#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <u>Ann Juma-Se</u>					5/23/24
DISPOSITION OF ANIMAL					DATE
Euthanized 1800					5/20/24

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 regarding the animal's history. Records shall 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 State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, VA 23218.

Name \_\_\_\_\_ Date 5/23/24

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

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

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

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 to want the animal.

Signature \_\_\_\_\_

TIME	5:26 AM PM		CUSTODY DATE	5-23-24		I.D. Case/No.	36923	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAH		
<input checked="" type="checkbox"/>								
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
Telephone: UNKNOWN				mother 36916 to babies 11/17 11/18 11/19				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Feline	DMH	White	F	1 Yrs	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				
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE <i>Cara Turner - Sec</i>						5-23-24		
DISPOSITION OF ANIMAL						DATE		
<i>Euth</i>						5-29-24		

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 this 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 4. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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	6:00 AM/PM	CUSTODY DATE	5-24-24	I.D. Case/No.	369 24
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Unknown					
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pit Bull	blk & white	M	12 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 detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					5-24-24
DISPOSITION OF ANIMAL					DATE
Euth					6-3-24

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 State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, VA 23218.

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

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	11:30 AM/PM	CUSTODY DATE	5-24-24	I.D. Case/No.	369-25 369-6 310-27
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	<input checked="" type="checkbox"/>				
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION
[REDACTED]					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
M-G	Hound mix	Black/white	M	9 wks	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None	
CUSTODY RECORD PREPARED BY: [Signature]					
SIGNATURE & TITLE: [Signature]					DATE: 5-24-24
DISPOSITION OF ANIMAL: [Signature]					DATE: 6-2-24

3

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form 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 \_\_\_\_\_ 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 I am required to follow the adoption policies and procedures if I decide I want the animal.

Signature \_\_\_\_\_

TIME	12:30 AM/PM	CUSTODY DATE	5-24-24	I.D. Case/No.	36928
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
K-9	P.H. / mix	Blk / white	F	2	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 <i>Mary J. Smith</i>					5-24-24
DISPOSITION OF ANIMAL					DATE
<i>Ethel</i>					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) 788-6188, P.O. Box 1182, Richmond, VA 23268.

Address: \_\_\_\_\_ Date: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter about this animal?  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 relinquish custody to the Danville Area Humane Society.  
 Signature: \_\_\_\_\_  
 Or

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

Signature \_\_\_\_\_

TIME	11:00AM/PM	CUSTODY DATE	5-25-25	I.D. Case/No.	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]			Euth - South Boston		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
6x Feline	DSH				
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	NONE detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					5-25-24
DISPOSITION OF ANIMAL					DATE
Euth - F - 6cc 4-K - 1 1/2 cc each AC.					5-26-24

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

<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 of the Code of Virginia</small>
--	---

CASE NO.	36929	CUSTODY DATE	5/24/24	TIME	12:53 AM (PM)
----------	-------	--------------	---------	------	---------------

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

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
K9	Pit Mix	tan/brn/white	M	6m	25lbs	None

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

CUSTODY RECORD PREPARED BY		DATE
Ashley 39!		5/24/24
SIGNATURE & TITLE		

DISPOSITION OF ANIMAL		DATE
Ethen		6/9/24

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by 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 State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23261.

<b>TIME</b>	1:30 AM/PM	<b>CUSTODY DATE</b>	5-24-24		<b>I.D. Case/No.</b>	86930 369512 36932
<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"/>				DAYS	
<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>	<b>OTHER</b>
Feline	DSH	2. BIRK/wh. fr 1 Grey	M3	9w	2	
<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 Edwards</i>					5-24-24	
<b>DISPOSITION OF ANIMAL</b>					<b>DATE</b>	
Trans					5-27-24	

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

Signature \_\_\_\_\_

[REDACTED]

TIME	7:50 AM/PM	CUSTODY DATE	5/25/24	I.D. Case/No.	3693	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter
<input checked="" type="checkbox"/>						
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
Telephone:			drop off - found on North - has a prolapse			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
canine	frenchie x	grey/tan	M	1yr	20lbs	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
none	none	none	none	none detected		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>Robyn Post</i>					5/25/24	
DISPOSITION OF ANIMAL					DATE	
<i>Etke</i>					6-2-24	

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

Signature \_\_\_\_\_

<b>TIME</b>	300 AM/PM	<b>CUSTODY DATE</b>	5-25-24		<b>I.D. Case/No.</b>	36934
<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				Shells	
<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>	<b>OTHER</b>
LC	DSH	G & T.b	F	2-1/3	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		
<b>CUSTODY RECORD PREPARED BY</b>					<b>DATE</b>	
SIGNATURE & TITLE <i>My me</i>					5-25-24	
<b>DISPOSITION OF ANIMAL</b>					<b>DATE</b>	
Trans					5-21-24	

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? \_\_\_\_\_ 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	12:10 AM/PM	CUSTODY DATE	5/25/24	I.D. Case/No.	36934-36950
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]			8-Adult 8-Kitten TRAPPING		
Telephone: [REDACTED] 23924					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
10x Feline	DSH				
ANIMAL IDENTIFICATION (complete all)					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TAT/DO	OTHER IDENTIFICATION (specify)		
None	None	None	None dot		
CUSTODY RECORD PREPARED BY:				DATE	
SIGNATURE & TITLE: Anne Turner - Sec				5/25/24	
DISPOSITION OF ANIMAL				DATE	
No euth.				5-26-24	

This form may be used by animal control officers, custodians of any...  
 investigators to record and maintain the information required by the...  
 years, and must be made available for public inspection upon re...  
 annually to the State Veterinarian in the prescribed format. Quest...  
 Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, VA 23218.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Characteristics: Good with children NO Live \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health Not Sure  
 Did you contact another shelter about this animal? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal with \_\_\_\_\_

STATEMENTS OF

I do not own the above described animal and I relinquish

Signature \_\_\_\_\_

- I am the rightful owner of the above-described animal. No other person has a right of property in the animal. I authorize the animal to be euthanized or disposed of in accordance with 3.2-2-1. If possible, the Danville Area Humane Society will be notified, allowing them to be adopted. I acknowledge that I will be required to follow the above-described procedures.

Signature \_\_\_\_\_

TIME	11:33 <sup>(A)</sup> MPM	CUSTODY DATE	5/26/24	I.D. Case/No.	30735
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]			-couldn't handle dog anymore - has rabies shots		
ANIMAL DESCRIPTION name is "Trigger"					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
canine	bullie x	brindle	F	2yrs	45lb
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	black	none detected	
CUSTODY RECORD PREPARED BY: [REDACTED]					DATE
SIGNATURE & TITLE: <i>Theresa Tub</i>					5/26/24
DISPOSITION OF ANIMAL					DATE
Ethen					5/26/24

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) 788-4444, P.O. Box 1463, Richmond, VA 23218.

Name: [REDACTED] Telephone: [REDACTED]

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

STATEMENTS OF SURRENDER

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

Signature: [REDACTED] \_\_\_\_\_ Or \_\_\_\_\_

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

Signature: [REDACTED] \_\_\_\_\_

TIME	8:30 AM/PM	CUSTODY DATE	5/28/2024	I.D. Case/No.	30951
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:			Dixie		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
K-9	GS	Blonde	F	8 mos.	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 Ident.	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				DATE	
Ann. Janner-sec				5/28/2024	
DISPOSITION OF ANIMAL				DATE	
Ethen				6/7/221	

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 must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, 2047 Zinn Drive, P.O. Box 1163, Richmond, VA 23218.

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

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

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

Disposition Good 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? \_\_\_\_\_

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	2:00 AM/PM	CUSTODY DATE	5-27-24	I.D. Case/No.	30952
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]			wounds on head		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
cat	DSH	Black	M	10wks	1#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE [Signature]					5-27-24
DISPOSITION OF ANIMAL					DATE
Euth					6-10-24

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

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

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

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

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

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

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

STATEMENTS OF SURRENDER

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

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

Or

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

Signature \_\_\_\_\_

TIME	1235 AM/PM	CUSTODY DATE	5-27-24	I.D. Case/No.	36953
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]			[REDACTED]		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
2x Seline	DSH	1-gray tabby 1-bk	M	23yrs	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				5-27-24	
DISPOSITION OF ANIMAL				DATE	
Euth				5-27-24	

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 State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, VA 23218.

Name: [REDACTED] Date: \_\_\_\_\_

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? \_\_\_\_\_  
 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	1:05 AM/PM	CUSTODY DATE	5/25/24	I.D. Case/No.	36955
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]			- moving couldn't take - gave him shots from Tractor Supply - doesn't have rabies shot		
ANIMAL DESCRIPTION name is Jack					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
canine	boxer	brown & blk	M	3yrs	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	none detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					5/25/24
DISPOSITION OF ANIMAL					DATE
Ethen					5-20-24

doesn't have rabies shot  
 apply  
 kennel address: on

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to 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 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 each animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not 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 want the animal back.

X Sign \_\_\_\_\_



TIME	8:32 AM/PM		CUSTODY DATE	5/24/24		I.D. Case/No.	30963	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter		
✓								
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
				drop off				
Telephone:								
<b>ANIMAL DESCRIPTION</b>								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
canine	pit x	tan/white	M	2 yrs	60 lbs			
<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	blue		none detected			
<b>CUSTODY RECORD PREPARED BY</b>						<b>DATE</b>		
Theresa Hurt						5/24/24		
SIGNATURE & TITLE								
<b>DISPOSITION OF ANIMAL</b>						<b>DATE</b>		
RTO						5/28/24		

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 \_\_\_\_\_

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.

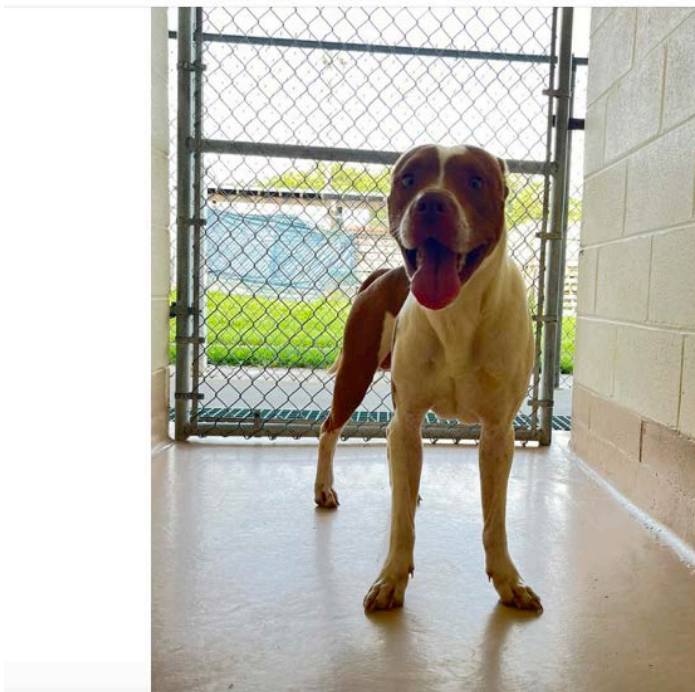
Signature \_\_\_\_\_

<b>TIME</b>		6:32 AM (PM)		<b>CUSTODY DATE</b>		5/27/24		<b>I.D. Case/No.</b>		36964	
<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		Shelter				
<input checked="" type="checkbox"/>											
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>						<b>ADDITIONAL INFORMATION</b>					
Telephone:						- police drop off - abandoned by owner on James Rd.					
<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>		
canine		pit x		brwn/wht		M	1yrs	40lbs			
<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>			
Ruben Brots								5/27/24			
<b>SIGNATURE &amp; TITLE</b>								<b>DISPOSITION OF ANIMAL</b>			
Ethen								6-3-24			

**Alert!**

We hope to be able to share more details tomorrow. We are offering a reward of up to \$500 for information that leads to the arrest and conviction of the person or persons who abandoned this male dog in the James Road area today. Witnesses saw the back door being opened, the collar taken off, and the dog dumped. Rewards come from donations to our Earl Merricks Stop the Cruelty Fund. Please call 799-0843 if you have any information.

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



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

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

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

de Housebroken \_\_\_\_\_  
ing well with other pets \_\_\_\_\_  
hey decline to accept? \_\_\_\_\_  
) days? \_\_\_\_\_

ER \_\_\_\_\_

Danville Area Humane Society.

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

TIME	8:38 AM/PM		CUSTODY DATE	5/28/24		I.D. Case/No.	36965	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	769 Glendale Ave		
	1							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		6-7-24		
[REDACTED]				"Demon"		B+		
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
K9	Pit/Chow	Blk	M	1yr	60lbs	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	Blk		None			
CUSTODY RECORD PREPARED BY:						DATE		
SIGNATURE & TITLE: [Signature]						5/28/24		
DISPOSITION OF ANIMAL						DATE		
DORA						5/28/24		

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) 786-8400, P.O. Box 1163, Richmond, VA 23218.

Name: [REDACTED] Date: 5/28/24  
 Address: [REDACTED] Telephone: [REDACTED]

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

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	11:30 AM/PM	CUSTODY DATE	5/28-24	I.D. Case/No.	36946
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone: UNKNOWN					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Felino	DSH	BLK-Wh	F	1 DAY	1/2 oz
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None	
CUSTODY RECORD PREPARED BY:				DATE	
SIGNATURE & TITLE: Ann. Janner-Sod				5/28/24	
DISPOSITION OF ANIMAL				DATE	
Euth				5/28/24	

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, 1163 Richmond, VA 23218.

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

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I 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	12:30 AM/PM	CUSTODY DATE	5-28-24	I.D. Case/No.	36967	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
<input checked="" type="checkbox"/>						
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
Telephone: unknown						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	tabby	F	5 mos		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	96085001793295		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE <i>Carm Farmer-Jac</i>				5-28-24		
DISPOSITION OF ANIMAL				DATE		
RTO				5/28/24		

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) 788-2498, P.O. Box 1163, Richmond, VA 23218.

Name: [Redacted] Date: 5/28/24  
 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: [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	600 AM/PM		CUSTODY DATE	5-27-24		I.D. Case No.	36928	
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				
				Windsor Heights				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
10	Chit	Tan	M	3yrs	10#	None		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)				
None	None	None	Blue	None				
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE						5-27-24		
DISPOSITION OF ANIMAL						DATE		
Ethel						6-7-24		

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? 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	2:05 AM/PM	CUSTODY DATE	5-28-24	I.D. Case/No.	36969	
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 under tree			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	Dsth	ORG	m	4wks	1/2 <sup>++</sup>	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-sec</i>					5-28-24	
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, (804) 786-2200, 1000 North 15th Street, Richmond, VA 23218.

Name: [Redacted] Date: 5-28-24  
 Address: [Redacted] Telephone: [Redacted]

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? 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 \_\_\_\_\_

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	ANIMAL CUSTODY RECORD
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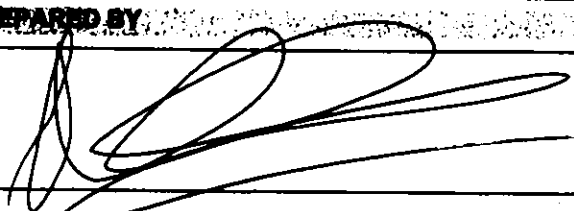
CASE NO.	369 70	CUSTODY DATE	5/28/24	TIME	3:20	AM	PM
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REASON FOR CUSTODY (check appropriate box)					
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
1					

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	avg tab	M	1yr	5lbs	none

ANIMAL IDENTIFICATION (complete all items if known, 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
	5/28/24
SIGNATURE & TITLE	

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

TIME	3:40 AM/PM		CUSTODY DATE	5/28/24		I.D. Case/No.	36971	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS		
	X							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
[REDACTED]				He-trad But he reeling				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Feline	DMH	Black/white	M	2 mos.	2#			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)			
None	None	None	None		None Detected			
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE						DATE		
DISPOSITION OF ANIMAL						DATE		
Euth						5-29-24		

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 form shall be retained for a period of one year, and must be made available for public inspection upon request. Information on this form is to be submitted and reported annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to 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.

TIME	342 AM (PM)		CUSTODY DATE	5-28-24		I.D. Case/No.	36972	
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	36973 36974		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	shelter		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
Telephone:								
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
3K	Dsh	15x10x		m Fm	4wks	102	non	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)			
n	n	n	none		none			
CUSTODY RECORD PREPARED BY:						DATE		
SIGNATURE & TITLE						5-28-24		
DISPOSITION OF ANIMAL						DATE		
EUSA						5-28-24		

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: 5-28-24

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

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

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

TIME	4 <sup>15</sup> AM/PM	CUSTODY DATE	5-28-24	I.D. Case/No.	36975
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]			She needs some that's going to be home all the time Dot @		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
canine	boxer pit	tan	F	3yrs	60lbs
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	red/silver	none detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Am Jaime - sic</i>				5-28-24	
DISPOSITION OF ANIMAL				DATE	
Adopted				5-20-27	

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

Name: [REDACTED] Date: 5/28/24  
 Address: [REDACTED] Telephone: [REDACTED]

Characteristics: Good with children NO Lived Inside/Outside Housebroken Somewhat  
 Disposition Health Not shot Gets along well with other pets NO  
 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 \_\_\_\_\_

TIME	5 AM/PM	CUSTODY DATE	5-28-24	I.D. Case/No.	36976
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]			Neighbor called upon them		
ANIMAL DESCRIPTION <u>Rusty</u>					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	Dom4	ORG	WM	1yrs	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 dot	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <u>Ann James-Sic</u>					5-28-24
DISPOSITION OF ANIMAL					DATE
Trans					5-31-27

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) 786-2482, P.O. Box 1182, Richmond, VA 23218.

Name: [REDACTED] Date: 5-28-24

Address: [REDACTED] Telephone: [REDACTED]

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

Disposition Health Gets along well with other pets Yes

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

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

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> <small>This form is required by § 3.1-796.105.B of the Code of Virginia.</small>
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CASE NO.	36977	CUSTODY DATE	5/29/24	TIME	9:20	(AM) / PM
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**REASON FOR CUSTODY (mark appropriate box)**

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

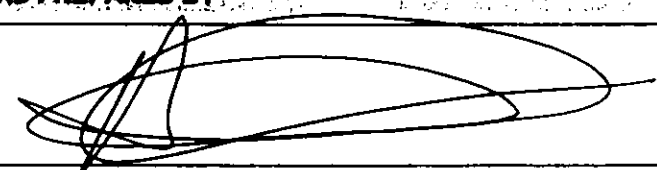
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>	<b>ADDITIONAL INFORMATION</b>
Telephone:	TRAP

**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	<del>Cat</del> D&H	calico	F	2 yrs	10 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

<b>CUSTODY RECORD PREPARED BY</b>	<b>DATE</b>
	5/29/24
<b>SIGNATURE &amp; TITLE</b>	

<b>DISPOSITION OF ANIMAL</b>	<b>DATE</b>
Euth.	7-24-24

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 § 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.

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> <small>The Code of Virginia, § 9.1-796.105.B of the Code of Virginia</small>
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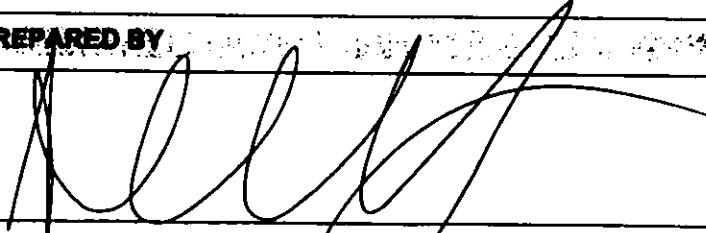
CASE NO.	36978	CUSTODY DATE	5/29/24	TIME	11:00	AM	PM
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REASON FOR CUSTODY (mark appropriate box)						[REDACTED]
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
1						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Dog	Pit Mix	blk w/wh	M	4yrs	60lbs	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	Choke chain	None

CUSTODY RECORD PREPARED BY	DATE
	5/29/24
SIGNATURE & TITLE	

DISPOSITION OF ANIMAL	DATE
Euth	6/13/24

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 § 9.1-796.105.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	1:35 AM	CUSTODY DATE	5/29/24	I.D. Case/No.	36979 36980	PUNIC
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	36981
	X					36982
OWNER NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]				He had 8 total cats and 4 dogs for these 4.		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
4x Felina	DMH	2-Cali, 1-Tan, 1-Tabby	2-m, 2-f	2 1/2 mos.	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		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE					DATE	
Anne J. Turner - Sec					5/29/24	
DISPOSITION OF ANIMAL					DATE	
Trans					5/29/24	

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 State Veterinarian, (804) 786-2483, P.O. Box 1183, Richmond, VA 23218.

Name: [REDACTED] Date: 5/29/24

Address: [REDACTED] Telephone: [REDACTED]

Characteristics: Good with children yes Lived Inside/Outside Housebroken yes  
 Disposition OK Health OK Gets along well with other pets NO sure  
 Did you contact another shelter about this animal? NO Why did they decline to accept? 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	2:25 AM/PM		CUSTODY DATE	5/29/24		I.D. Case/No.	36783	
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				
[REDACTED]				H.L. said they can't keep this kind of dog Sallie				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Carine	Pitx	Brown	F	8mos	15#	None		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")								
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)				
None	None	None	None	None				
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE						DATE		
DISPOSITION OF ANIMAL						DATE		
Ethel						6-7-24		

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 State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, VA 23218.

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

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

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

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

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	3:20 AM/PM	CUSTODY DATE	5/29/24	I.D. Case/No.	36984	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	X					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
[REDACTED]			Trapping Can't keep			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	BLACK	M	8 wks	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 Janner Sec</i>				5/29/24		
DISPOSITION OF ANIMAL				DATE		
Euth 3-CC				7-2-24		

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 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? 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.

[REDACTED SIGNATURE]

TIME	3:45 AM/PM	CUSTODY DATE	5-29-24	I.D. Case/No.	536985
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 NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]			TRY to find homes Can't keep.		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
3y Feline	DSH	1-BIK-2Tabby	M	10wks	2#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None Det	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE Ann Farmer-Sac					5-29-24
DISPOSITION OF ANIMAL					DATE
Trans					5-29-24

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 [REDACTED]

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

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

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

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

Signature [REDACTED]

TIME	5	AM/PM	CUSTODY DATE	5-29-24	LD. Case/No.	36988
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAH S
					<input checked="" type="checkbox"/>	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone: <u>Unknown</u>				<u># Found in A Ice machine</u>		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
<u>Feline</u>	<u>DSH</u>	<u>Calico</u>	<u>F</u>	<u>8wks</u>	<u>1#</u>	<u>None</u>
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>	<u>None Det</u>		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE <u>Ann Juma - Sec</u>				<u>5-29-24</u>		
DISPOSITION OF ANIMAL				DATE		
<u>Ethel</u>				<u>6-10-24</u>		

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

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> <small>This form is required by 53.1-796.105.B of the Code of Virginia.</small>
--	---

CASE NO.	36989	CUSTODY DATE	5-30-24	TIME	8:35 AM
----------	-------	--------------	---------	------	---------

REASON FOR CUSTODY (mark 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
Canine	Beagle	wht/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	Brown	None		

CUSTODY RECORD PREPARED BY	DATE
A/C I. D. Dineen PD # 372	5-30-24

DISPOSITION OF ANIMAL	DATE
E+K	6/1/24

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 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 23216.

TIME	142 AM/PM	CUSTODY DATE	5-30-24	I.D. Case/No.	36990
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]			RECORD AT Mt. Hermon TRY to Kill Neighbor Chickens But she didn't Stella		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Carine	Husky	TRI	SF	3 YRS	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 D.H.	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Ann. Janner sec</i>				5-30-24	
DISPOSITION OF ANIMAL				DATE	
Ethen				6-24	

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

Characteristics; Good with children Yes Lived Inside/Outside Outside Housebroken Yes  
 Disposition friendly Health great Gets along well with other pets Yes  
 Did you contact another shelter about this animal? Yes Why did they decline to accept? P.C. needed a pointer  
 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	1:39 AM PM	CUSTODY DATE	5-30-24	I.D. Case/No.	36991
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
[REDACTED]				LL said Can't had any photos all Bella	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Terrier	BLACK/GRY	F	8 YRS	10#
OTHER					
None					
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None Det	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Ann Turner Sec</i>					5-30-24
DISPOSITION OF ANIMAL					DATE
Euth bcc					7-2-24

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 5-30-24

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

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

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

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

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

**STATEMENTS OF SURRENDER**

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

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

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

Signature \_\_\_\_\_

TIME	3:15 AM/PM	CUSTODY DATE	5-30-24	I.D. Case/No.	36992
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]			TRAPPING But they don't have a trap		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Blk w/wh	M	8-10 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 <i>Ann Turner Sec</i>				5-30-24	
DISPOSITION OF ANIMAL				DATE	
<i>Ether</i>				6-24	

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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	3:45 AM/PM		CUSTODY DATE	5-30-24		I.D. Case/No.	06993	
REASON FOR CUSTODY (mark appropriate box)							LOCATION WHERE TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DASH		
	X							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
[REDACTED]				Can't take care of her no longer DVF. Record - Torn off everything HAKem				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Canine	Husky LAB AT	White/Black Sport	M	3yr.	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 <u>Ann Turner-Soc</u>							5-30-24	
DISPOSITION OF ANIMAL							DATE	
Eka							6-7-24	

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Name: [REDACTED] Date: \_\_\_\_\_  
 Address: [REDACTED] Telephone: 2541 [REDACTED]

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

AM/PM \_\_\_\_\_ CUSTODY DATE 5-30-24 I.D. Case/No. \_\_\_\_\_

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

**LOCATION WHERE CUSTODY WAS TAKEN**

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

DAHS

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

**ADDITIONAL INFORMATION**

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

IRIS Lane  
Roaming

**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
2x <u>Cariac</u>	<u>Golden Ret.</u>	<u>Golden Ret Cream</u>	<u>F</u>	<u>4-5yrs</u>	<u>50#</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
<u>None</u>	<u>None</u>	<u>None</u>		

**CUSTODY RECORD PREPARED BY**

SIGNATURE & TITLE Ayr Man DATE 5-30-24

**DISPOSITION OF ANIMAL**

**DATE**

ADO

5-31-24

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 5

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 hereby relinquish custody to the Danville Area Humane Society.

Signature [Redacted] 5/30/24  
Or \_\_\_\_\_

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

B \_\_\_\_\_

TIME	12:30 AM/PM	CUSTODY DATE	5.31.24	I.D. Case/No.	36998
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]			Princess		
GENERAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
K-9	P.H./Box	Blk/White	F	40	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)	
NVM	None	None	None	None	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Man Z Bunt</i>					5.31.24
DISPOSITION OF ANIMAL					DATE
<i>Etha</i>					6.1.24

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

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

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

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? 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 \_\_\_\_\_

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> <small>This form is required by 53.1-796.106.B of the Code of Virginia.</small>
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CASE NO.	36996	CUSTODY DATE	5-31-24	TIME	8:41	AM/PM	AM
----------	-------	--------------	---------	------	------	-------	----

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

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>
Telephone:	caught in trap

**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DWH	Blk	F	1 year	8 lbs	

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

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

**CUSTODY RECORD PREPARED BY**

SIGNATURE & TITLE	DATE
Alo I.P. Black DWH 772	5-31-24

**DISPOSITION OF ANIMAL**

DISPOSITION	DATE
Ether	6-6-24

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 53.1-796.106.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.

ME	9:27 AM/PM	CUSTODY DATE	5/30/24	I.D. Case/No.	36997
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
			✓		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Telephone:				drop off - Hold for dangerous dog hearing	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
canine	german shep. x	tan/black	M	2 yrs	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	none	none	light blue	[REDACTED]	
CUSTODY RECORD PREPARED BY:					
SIGNATURE & TITLE				DATE	
[Signature]				5/30/24	
DISPOSITION OF ANIMAL				DATE	
RTO				8-5-24	

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? \_\_\_\_\_

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	1:45 AM/PM	CUSTODY DATE	5-31-24	I.D. Case No.	31996 3700	
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 Piney forest			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
K-9	Basset/Mix Shep/Mix	Brown/BK BK/white	M M	2 2	40 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		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>May E. Burt</i>					5-31-24	
DISPOSITION OF ANIMAL					DATE	
<i>Ethel</i>					6-1-24	

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, P.O. Box 1463, Richmond, VA 23218.

Name: [Redacted] Address: [Redacted] Telephone: [Redacted]

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter about this animal? 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 3.2-8546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal.

Signature \_\_\_\_\_

TIME	1:45 AM/PM	CUSTODY DATE	5-31-24	ID. Case/No.	31246 3720	
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			
			found on Piney Forest			
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
K-9	Basset/Mix Shep/Mix	Brown/Blk Blk/white	M F	2 2	40 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	NO	NONE	NONE	NONE		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>May E. Burt</i>					5-31-24	
DISPOSITION OF ANIMAL					DATE	
DOA					5-31-24	

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. Information on this form is to be maintained and submitted to the Virginia Department of Agriculture and Forestry, Division of Animal Industry, 1000 North 10th Street, Alexandria, VA 22318.

Name: \_\_\_\_\_ Date: 5/31/24  
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? 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 *Fayenda Alford*

TIME	10:37 AM <sup>PM</sup>	CUSTODY DATE	5/31/24	I.D. Case/No.	37007
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 -found near Plum St. area	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	pit x	tan/whit	M	5 yrs	50 lbs
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none detected	
CUSTODY RECORD PREPARED BY					DATE
Signature: <i>Ruben Ost</i>					5/31/24
SIGNATURE & TITLE					DATE
DISPOSITION OF ANIMAL					DATE
Ella					6-2-24

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	AM/PM	CUSTODY DATE		5-23-24	LD. Case/No.	37401	
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:				Barnet Shelter			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
UP	Shelt	Blk/Tr		Srty	2H	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>Aj M...</i>						5-23-24	
DISPOSITION OF ANIMAL						DATE	
Adopted						7-5-	

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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 the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to 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 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Darville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

Signature \_\_\_\_\_

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TIME	AM/PM	CUSTODY DATE	5-22-24	I.D. Case No.	37402
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
Foster	X				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Adopted			Barnet Shelly		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
UP	Shelt	Black		5yrs	2H
ANIMAL IDENTIFICATION (complete all that 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>AJ</i> <i>manager</i>					5-22-24
DISPOSITION OF ANIMAL					DATE
Adopted					7-8-24

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 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.

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TIME	AM/PM	CUSTODY DATE		5-23-24	ID. Case/No.	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelby
	X					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone:				Barnet Shelby		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
UP	Shelt	Black/Tan		5yrs	24	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)		
A	None	None	None	None		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>Aj M...</i>					5-23-24	
DISPOSITION OF ANIMAL					DATE	
Adopted					7-1-24	

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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 Darville Area Humane Society.

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	AM/PM	CUSTODY DATE	5.23.24			LD. Case/No.	37406
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			
				Barnet shelter			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
11P	Short	Black/Tan		5yrs	24"	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: <i>AJ</i> Title: <i>Manager</i>						5-23-24	
DISPOSITION OF ANIMAL						DATE	
Adopted						7-8-24	

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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 the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the office of the State Veterinarian, (804) 788-2483, P.O. Box 1163, Richmond, VA 23218.

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

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

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TIME	AM/PM	CUSTODY DATE	5-23-24	I.D. Case/No.	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone:			Barnet shelter		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT
UP	Shelt	Blk/Tr		5yrs	2H
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
	none	none	none	none	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Az</i> <i>manager</i>					5-23-24
DISPOSITION OF ANIMAL					DATE
Adopted					7-2-24

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

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

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

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

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	AM/PM	CUSTODY DATE		5-23-24	LD. Case/No.	37409
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		
				Barnet shelter		
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
UP	Shelt	Blk/Tr		5 wks	2H	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>Az</i> <i>manager</i>					5-23-24	
DISPOSITION OF ANIMAL					DATE	
Adopted					5-22-24	

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

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

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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Signature \_\_\_\_\_

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TIME	AM/PM	CUSTODY DATE	5.23.24	I.D. Case/No.	37410
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"/> Foster	<input checked="" type="checkbox"/>				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION	
Adopted Adopted Telephone: Adopted				Barnet shelter	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
UP	Short	Blk/Tan		5wks	2H
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
	none	none	none	none	
CUSTODY RECORD PREPARED BY					DATE
Signature & Title: <i>AJ</i>					5.23.24
DISPOSITION OF ANIMAL					DATE
Foster					7.11.24

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 \_\_\_\_\_

02  
1403  
7404  
7405  
7406  
7407  
7408  
37409  
37410  
37411

TIME	AM/PM	CUSTODY DATE		5.23.24	ID. Case/No.	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter
	X					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Adopted				Barn at shelter		
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
UP	Short	Black		5 wks	2H	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>AJ</i> <i>manager</i>					5-23-24	
DISPOSITION OF ANIMAL					DATE	
Adopted					7-2-24	

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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 Darville Area Humane Society.

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	AM/PM	CUSTODY DATE	5.23.24			LD. Case/No.			
<b>REASON FOR CUSTODY (mark appropriate box)</b>						<b>LOCATION WHERE CUSTODY WAS TAKEN</b>			
Stray <i>Foster</i>	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter ✓			
3110pt 04 25 102 10.7 408 469 410 411 Adopted Adopted Adopted				Telephone:				Additional Information Born at shelter	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION					
<b>ANIMAL DESCRIPTION</b>									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
11P	Shelt	Bk/Tr		Surfs	2H	None			
<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				
<b>CUSTODY RECORD PREPARED BY</b>						<b>DATE</b>			
Signature & Title: <i>Ag</i> <i>Manager</i>						5.23.24			
<b>DISPOSITION OF ANIMAL</b>						<b>DATE</b>			
Adopted						7.2.24			

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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	2:45 AM/PM	CUSTODY DATE	5-31-24	LD. Case No.	37002	
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
Fel.c	Dm 11	Black	M	7	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 I. Bussell</i>					5-31-24	
DISPOSITION OF ANIMAL					DATE	
<i>Ethel</i>					6-4-24	

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 reported annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to 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 \_\_\_\_\_