

TIME	1139 AM/PM	CUSTODY DATE	10-01-24	I.D. Case/No.	384 34	
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 3rd CAN have pets vet Record Amc Very very High strong energy Tiny			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Rott	BLACK-BRN PRN	F	3YRS	75#	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None Det 10-1-24		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE [REDACTED]				10-01-24 10-3-24 10-9-24		
DISPOSITION OF ANIMAL				DATE		
Euth				10-9-24		

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Name [REDACTED] Date 10-1-24

Address [REDACTED]

Characteristics: Good with children yes Lived inside/outside 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? yes  
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature [REDACTED]

TIME	12:10	AM/PM	CUSTODY DATE	10-1-24	I.D. Case/No.	38435
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	X				DAHS	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[Redacted]				No Shots At All		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Retrv. X	BLACK	m	9wks	4#	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None Det		
CUSTODY RECORD PREPARED BY					DATE	
[Redacted]					10-1-24	
SIGNATURE & TITLE					DISPOSITION OF ANIMAL	
[Redacted]					Euth	
					DATE	
					10-4-24	

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Name: [Redacted] Date: 10-1-24  
 Address: [Redacted] Telephone: [Redacted]

Characteristics: Good with children OK Lived Inside/Outside Housebroken NO  
 Disposition Health Gets along well with other pets yes  
 Did you contact another shelter about this animal? Pet Cent Why did they decline to accept? Appointment only Nov 5th 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 \_\_\_\_\_

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Signature \_\_\_\_\_

TIME 12 <sup>10</sup> AM/PM		CUSTODY DATE 10-1-24		I.D. Case/No. 38436		
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]					DAHS	
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Puppy	Belt. x	BLACK	F	9wks	4#	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None et		
CUSTODY RECORD PREPARED BY					DATE	
[REDACTED]					10-1-24	
SIGNATURE & TITLE					DATE	
[REDACTED]					10-1-24	
DISPOSITION					DATE	
E-m					10/1/24	

10-1-24  
10-3-24  
10-4-24

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

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

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Signature \_\_\_\_\_

Vaccin:

TIME	12 <sup>10</sup>	AM/PM	CUSTODY DATE	10-1-24	I.D. Case/No.	38437
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	X				DAHS	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]				[REDACTED]		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Puppy	Ret X	Black	M	9wks	4#	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None De		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE [REDACTED]					10-1-24	
DISPOSITION OF ANIMAL					DATE	
Euth					10-4-24	

10-1-24  
10-2-24  
10-4-24

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

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

Characteristics: Good with children OK Lived inside/outside Inside Housebroken NO  
Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_

Did you contact another shelter about this animal? Yes Why did they decline to accept? Plant-Full App. Nov 5-24  
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

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Signature \_\_\_\_\_

Vaccinat

TIME	12:10 AM/PM	CUSTODY DATE	10-1-24	I.D. Case/No.	38438	
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	OTHER
Canine	Ret X	BLACK	M	9 wks	4#	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None Det 10-1-24		
CUSTODY RECORD PREPARED BY					DATE	
[REDACTED]					10-1-24	
SIGNATURE					DATE	
[REDACTED]					10-1-24	
DISPOSITION OF ANIMAL					DATE	
Euth					10/1/24	

10-1-24  
10-2-24  
10-4-24

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

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

Characteristics: Good with children OK 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? Pet Center

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

Full need  
App. 11-5-24

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 \_\_\_\_\_

TIME	12 <sup>10</sup> AM/PM	CUSTODY DATE	10-1-24	I.D. Case/No.	38439
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
Puppy	Ret X	BLACK	F	9 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 Det	
CUSTODY RECORD PREPARED BY				DATE	
[REDACTED]				10-1-24	
SIGNATURE & TITLE				DISPOSITION OF ANIMAL	
[REDACTED]				Euth	
				DATE	
				10-7-27	

10-1-24  
10-2-24  
10-4-27

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Name [REDACTED] Date 10-1-24

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

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

Disposition Adopt Health Adopt Gets along well with other pets Yes

Did you contact another shelter about this animal? Yes Why did they decline to accept? P. Center App only 11-5-27

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

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Signature \_\_\_\_\_

TIME	12 <sup>10</sup>	AM/PM	CUSTODY DATE	10-1-24	I.D. Case/No.	38440
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	X				DAHS	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]				[REDACTED]		
Telephone: [REDACTED]						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Puppy	Ret X	Black	F	9 wks	4#	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None Det		
CUSTODY RECORD PREPARED BY [REDACTED]					DATE	
SIGNATURE & TITLE [REDACTED]					10-1-24	
DISPOSITION OF ANIMAL					DATE	
Euth					10-2-24	

10-1-24  
10-2-24  
10-4-24

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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

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Signature \_\_\_\_\_

TIME	12 <sup>10</sup> AM/PM	CUSTODY DATE	10-1-24	I.D. Case/No.	38441
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
Canine	Ret X	Black			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	Det-Non	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					10-1-24
DISPOSITION OF ANIMAL					DATE
Euth					10-4-24

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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

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Signature \_\_\_\_\_

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

TIME 12:50 AM/PM CUSTODY DATE 10-1-24 I.D. Case/No. 38442

REASON FOR CUSTODY (mark appropriate box)

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

LOCATION WHERE CUSTODY WAS TAKEN OAH S

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	tortshell	F	5mos.	3#	None

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

CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
None	None	None	None	None Det 10-1-24

CUSTODY RECORD PREPARED BY

SIGNATURE & TITLE	DATE
[Redacted]	10-1-24
[Redacted]	10-2-24
[Redacted]	10-7-24
[Redacted]	10-7-24

DISPOSITION OF ANIMAL RFD

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

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

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

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

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

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

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Signature [Redacted]

<b>TIME</b>	AM/PM <u>  </u>		<b>CUSTODY DATE</b>	<u>10-1-24</u>		<b>I.D. Case/No.</b>	<u>3843</u>	
<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	<u>DAHS</u>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>				<b>ADDITIONAL INFORMATION</b>				
[REDACTED]				[REDACTED]				
Telephone: [REDACTED]								
<b>ANIMAL DESCRIPTION</b>							<u>M: 10</u>	
<b>SPECIES</b>	<b>BREED</b>	<b>COLOR/MARKINGS</b>	<b>SEX</b>	<b>APPROX. AGE</b>	<b>APPROX. WEIGHT</b>	<b>OTHER</b>		
<u>Feline</u>	<u>DSH</u>	<u>ORG</u>	<u>M</u>	<u>1yr</u>	<u>6#</u>			
<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>				
<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>	<u>None Det 10-1-24</u>				
<b>CUSTODY RECORD PREPARED BY</b>						<b>DATE</b>		
[REDACTED]						<u>10-2-24</u>		
<b>SIGNATURE &amp; TITLE</b>						<u>10-1-24</u>		
[REDACTED]						<u>10-7-24</u>		
<b>DISPOSITION OF ANIMAL</b>						<b>DATE</b>		
<u>RTO</u>						<u>10-7-24</u>		

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

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

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

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	1250 AM/PM	CUSTODY DATE	10-1-24	I.D. Case/No.	38444	
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]			NOT good with Animals or Bella the child			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pitbull	BLACK	SF	2 1/2	40#	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None Det		
CUSTODY RECORD PREPARED BY				DATE		
[Redacted]				10-1-24		
SIGNATURE & TITLE				DATE		
[Redacted]				10-2-24		
DISPOSITION OF ANIMAL				DATE		
Euth				10-9-24		

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 [Redacted] Date 10/1/2024

Address [Redacted] Telephone [Redacted]

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature [Redacted]

TIME	12:50	AM/PM	CUSTODY DATE	10-1-24	I.D. Case/No.	38445
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	X				DAHS	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]				Can't keep these no longer		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	ORg	M	5mos	2#	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None Det 10-1-24		
CUSTODY RECORD PREPARED BY					DATE	
[REDACTED]					10-1-24	
SIGNATURE & TITLE					DATE	
[REDACTED]					10-3-24	
DISPOSITION OF ANIMAL					DATE	
Transfer					10-3-24	

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 OK Lived Inside/Outside Inside Housebroken \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health NOT SURE 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.



TIME	1256 AM/PM	CUSTODY DATE	10-1-24	I.D. Case/No.	38446	
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 calico			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	trort	F	1yr	6#	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None		
CUSTODY RECORD PREPARED BY				DATE		
[Redacted]				10-1-24		
SIGNATURE & TITLE				DATE		
[Redacted]				10-3-24		
DISPOSITION OF ANIMAL				DATE		
TRANSFER				10-3-24		

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 YES Lived Inside/Outside Inside Housebroken NO

Disposition None Health Not sure 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	AM/PM <u>(PM)</u>	CUSTODY DATE	<u>10-1-24</u>			I.D. Case/No.	<u>38447</u>
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	<u>DAHS</u>	
	<u>X</u>						
OWNER NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[REDACTED]				<u>BRN eye she can't afford</u> <u>Blue eye</u> <u>Bella</u>			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
<u>Canine</u>	<u>Pit X Lab</u>	<u>Tan</u>	<u>F</u>	<u>2 yrs</u>	<u>40#</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>Amanda J. [unclear]</u>						<u>10-1-24</u>	
DISPOSITION OF ANIMAL						DATE	
<u>Euth</u>						<u>10-15-24</u>	

10-1-24  
10-2-24  
10-15-24

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: Oct 1, 2024

Address: [REDACTED] Telephone: [REDACTED]

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

Disposition: Health yes 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: [REDACTED]

TIME	2:10 AM/PM	CUSTODY DATE	10-1-24	I.D. Case/No.	38448
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			[REDACTED]		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Caroline	Pit	TAN-Brindle	NM	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	None	None Det	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE [REDACTED]				10-1-24	
DISPOSITION OF ANIMAL				DATE	
RTO				10-1-24	

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

Date 10-1-24

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter about this animal? \_\_\_\_\_ Why did they decline to accept? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the past 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	4:45	AM/PM	CUSTODY DATE	10-1-24	I.D. Case/No.	38449
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAH S
X					X	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone: unknown				injury by car laying on curve side of Police <sup>2</sup>		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit	Brown	F	3 mos	25#	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None Dot 10-1-24		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & [Redacted]					10-1-24	
DISPOSITION OF ANIMAL					DATE	
Euth [Redacted]					10-1-24	

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

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

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

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

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

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

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

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	6:15 AM/PM	CUSTODY DATE	10-1-24	LD. Case/No.	38450	
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]					in Drop off - county	
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pitx	BK/white	NM	12yrs	50#	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	NM	None	None det		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE					10-1-24	
DISPOSITION OF ANIMAL					DATE	
Euth					10-18-24	

10-1-24  
10-3-24  
10-18-24

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 \_\_\_\_\_

<p align="center"><b>Danville Police Department</b>                  Animal Control Unit                  (434) 548-3017</p>	<p align="center"><b>ANIMAL CUSTODY RECORD</b>                  This form requires all mandated information as required by                  §3.1-796.105.B of the Code of Virginia.</p>
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CASE NO. <b>38451</b>	CUSTODY DATE <b>10-2-24</b>	TIME <b>11:42</b>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
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REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine <b>WHITE</b>	<b>Pit mix</b>	<b>Wht</b>	<b>M</b>	<b>5 months</b>	<b>10 lbs</b>	<b>None</b>

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

10-2-24  
10-4-24  
10-18-24

CUSTODY RECORD PREPARED BY	DATE
	<b>10-2-24</b>

DISPOSITION OF ANIMAL	DATE
<b>Adopted</b>	<b>10-18-24</b>

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

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> <i>This form includes all mandated information as required by 53.1-796.105.B of the Code of Virginia.</i>
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CASE NO.	38452	CUSTODY DATE	10-2-24	TIME	12:35 AM / PM
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REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
1						

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit mix	Grey/whit	M	5yrs	30lbs	None

ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")				
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
None	None	None	None	None 10-2-24 10-4-24 10-15-24

CUSTODY RECORD PREPARED BY	DATE
	10-2-24
SIGNATURE & TITLE	

DISPOSITION OF ANIMAL	DATE
Euth	10-18-24

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	11:30 AM/PM	CUSTODY DATE	10-2-24	Case/No.	38453	
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 Roaming Around her house			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Felene	DSH	Black-white	M	1yr.	6#	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None Det		
CUSTODY RECORD PREPARED BY:				DATE		
SIGNATURE & TITLE:				10-2-24		
DISPOSITION OF ANIMAL:				DATE		
Euth				10-25-24		

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: 10-2-24

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

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

Disposition Health ? Gets along well with other pets

Did you contact another shelter about this animal? SPCA Why did they decline to accept? They were full

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

STATEMENTS OF SURRENDER

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

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

Or

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

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

TIME	12 <sup>10</sup> AM/PM	CUSTODY DATE	10-2-24	I.D. Case/No.	38454	
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 NO longer keep these 3 pits phantom			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
3X Canine	Pit	Blk-Whit <sup>Brown Feet</sup>	M	1yr	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 Det 10-2-24		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE				10-2-24		
DISPOSITION OF ANIMAL				DATE		
Euth				10-4-24		

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, 1000 North 15th Street, Richmond, VA 23218.

Name: [Redacted] Date: 10/2/24

Address: [Redacted] Telephone: [Redacted]

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? -  
 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]

<b>TIME</b>	12 <sup>10</sup> AM	<b>CUSTODY DATE</b>	10-2-24	<b>I.D. Case/No.</b>	384 55
<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				
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>				<b>ADDITIONAL INFORMATION</b>	
[Redacted]				NO money to get shots Princess	
<b>ANIMAL DESCRIPTION</b>					
<b>SPECIES</b>	<b>BREED</b>	<b>COLOR/MARKINGS</b>	<b>SEX</b>	<b>APPROX. AGE</b>	<b>APPROX. WEIGHT</b>
Canine	Pit	Brindle	F	1yr	30#
<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")</b>					
<b>CITY/COUNTY LICENSE NUMBER</b>	<b>RABIES TAG NUMBER</b>	<b>TATTOO</b>	<b>COLLAR (Color, type, etc.)</b>	<b>OTHER IDENTIFICATION (specify)</b>	
None	None	None	None	None Det 10-3-24	
<b>CUSTODY RECORD PREPARED BY</b>				<b>DATE</b>	
[Redacted]				10-2-24	
<b>DISPOSITION OF ANIMAL</b>				<b>DATE</b>	
Euth				10-4-24	

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

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

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

Characteristics: Good with children Yes Lived Inside/Outside Housebroken NO  
 Disposition \_\_\_\_\_ Health Not Sure 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 [Redacted]

TIME	12:10 AM/PM	CUSTODY DATE	10-2-24	I.D. Case/No.	38456	
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 shot NO money Rose			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit	Brown	F	1yr	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 Det 10-2-24		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE [REDACTED]					10-2-24	
DISPOSITION OF ANIMAL					DATE	
Euth					10-7-24	

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature [REDACTED]

Danville Police Department		Danville Animal Control		Danville Area Humane Society		Pittsylvania Animal Control		Public	
TIME	12 <sup>15</sup> AM/PM	CUSTODY DATE	10-2-24	I.D. Case/No.	38457				
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]				They Can't Afford these No Longer					
ANIMAL DESCRIPTION									
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
Feline	DSH	BIK	M	6mos	3#	None			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")									
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)					
None	None	None	None	None Det 10-24					
CUSTODY RECORD PREPARED BY							DATE		
[REDACTED]							10-2-24		
SIGNATURE & TITLE							DATE		
DISPOSITION OF ANIMAL							DATE		
Euth							10-15-24		

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Name: [REDACTED] Date: [REDACTED]

Address: [REDACTED] 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?                       
 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	12 <sup>15</sup> AM/PM	CUSTODY DATE	10-2-24	I.D. Case/No.	38458
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION
[REDACTED]					Can't Afford these 2 Kitten
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	Dsh	yellow	M	6 mos	3#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None Det 10-4-24	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & [REDACTED]					10-2-24
DISPOSITION OF ANIMAL					DATE
Euth					10-10-24

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

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

<b>TIME</b>	2 <sup>25</sup> AM/PM	<b>CUSTODY DATE</b>	10-2-24	<b>I.D. Case/No.</b>	38460	
<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						
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>			<b>ADDITIONAL INFORMATION</b>			
Telephone: unknown			Roaming			
<b>ANIMAL DESCRIPTION</b>						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	GRY	M	2yrs	10#	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 10-2-24 10-12-24 11-20-24		
<b>CUSTODY RECORD PREPARED BY</b>				<b>DATE</b>		
[Redacted Signature]				10-2-24		
<b>SIGNATURE</b>				<b>DATE</b>		
Transfer				11-20-24		

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.

[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	3:45 AM/PM	CUSTODY DATE	10-2-24	I.D. Case/No.	38461	
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]			Salem Humane Society wouldn't dog back with school + work more than do. Ocala			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Lab	BLACK	M	1 1/2 yr	53#	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 10-2-24		
CUSTODY RECORD PREPARED BY					DATE	
[Redacted]					10-2-24	
SIGNATURE & TITLE					DATE	
[Redacted]					10-23-24	
DISPOSITION OF ANIMAL					DATE	
Euth					10-23-24	

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

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

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

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

Did you contact another shelter about this animal? 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	4:10	AM/PM	CUSTODY DATE		10-2-24	I.D. Case/No.	38462
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 (Print name)				ADDITIONAL INFORMATION			
[Redacted]				Diamond			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Pit	Light Tan	F		90#	None	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	None	None Det 10-2-24			
CUSTODY RECORD PREPARED BY						DATE	
[Redacted]						10-2-24	
DISPOSITION OF ANIMAL						DATE	
RTO						10-3-24	

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

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

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

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

Did you contact another shelter 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 am surrendering custody to the Danville Area Humane Society.

Signature \_\_\_\_\_

Or

I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also 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>	4 <sup>10</sup> AM/PM	<b>CUSTODY DATE</b>	10-2-24	<b>I.D. Case/No.</b>	38463
<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					
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>			<b>ADDITIONAL INFORMATION</b>		
[Redacted]			[Redacted]		
Telephone: [Redacted]			"Bean"		
<b>ANIMAL DESCRIPTION</b>					
<b>SPECIES</b>	<b>BREED</b>	<b>COLOR/MARKINGS</b>	<b>SEX</b>	<b>APPROX. AGE</b>	<b>APPROX. WEIGHT</b>
Canine	Pitx	Dark Tan	M		70#
<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	Blue	None Det.	
<b>CUSTODY RECORD PREPARED BY</b>					<b>DATE</b>
[Redacted Signature]					10-2-24 <sup>10-2-24</sup>
<b>DISPOSITION OF ANIMAL</b>					<b>DATE</b>
RTO					10-3-24 <sup>10-3-24</sup>

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

TIME	500 AM/PM	CUSTODY DATE	10-2-24	I.D. Case/No.	3816A
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
1K	Dmit	Calico	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 decl 10-5-24 10-6-24 10-2-24	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					10-3-24
DISPOSITION OF ANIMAL					DATE
Transfer					10-16-24

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, 36-2483, P.O. Box 1163, Richmond, VA 23218.

Name: \_\_\_\_\_ Date: 10-2-24  
 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.

TIME	9:13 AM/PM	CUSTODY DATE	10-3-24	I.D. Case/No.	38465	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	X					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
[REDACTED]			Living under her house she said they are more to come. Sadie			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	gray tabby	F	1 yr	6#	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None Dot		
CUSTODY RECORD PREPARED BY				DATE		
[REDACTED]				10-3-24		
SIGNATURE & TITLE				DATE		
Euth				10-8-24		

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

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

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

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside Outside Housebroken \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health Seem to be Sick Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter 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.

[REDACTED SIGNATURE]

<b>TIME</b>	11:35 AM/PM	<b>CUSTODY DATE</b>	10-3-24	<b>I.D. Case/No.</b>	38470
<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					
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>			<b>ADDITIONAL INFORMATION</b>		
Telephone: unknown			[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>
Canine	Poodle	Tan/white <sup>blk</sup>	F	4yrs	10#
<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	Pink	Dental 10-3-24	
<b>CUSTODY RECORD PREPARED BY</b>					<b>DATE</b>
Signature & Title: Ann Janner - Sec					10-3-24
<b>DISPOSITION OF ANIMAL</b>					<b>DATE</b>
Adopted					10-16-24

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: [REDACTED] Date: 10-3-24  
 Address: [REDACTED] Telephone: [REDACTED]

Characteristics: Good with children NO Lived Inside/Outside Housebroken NO  
 Disposition Health Gets along well with other pets Don't know  
 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	11:45 AM/PM	CUSTODY DATE	10-3-24	I.D. Case/No.	38471	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	X					
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION	
[Redacted]					She can't take of her. She is sick. TO Be Euth	
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	Calico	F	3wks	1oz	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 10-3-24		
CUSTODY RECORD PREPARED BY					DATE	
[Redacted]					10-3-24	
SIGNATURE & TITLE					DISPOSITION OF ANIMAL	
[Redacted]					Euth	
					DATE	
					10-3-24	

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 NO

Disposition Health Sick Gets along well with other pets NO

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	12 <sup>55</sup> AM/PM	CUSTODY DATE	10-3-24	I.D. Case/No.	38472	
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			Roaming around while she was cut in grass			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	Tort	F	6wk	5#	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None Det		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE				10-3-24		
DISPOSITION OF ANIMAL				DATE		
transfer				10-16-24		

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: 10-3-24

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

Characteristics: Good with children 7 Lived Inside/Outside Inside Housebroken No

Disposition NOT Sure Health eyes 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	900 AM/PM	CUSTODY DATE	10-3-24	I.D. Case/No.	38473
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:			Owner released Dream		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
10	P.t.x	Brn	F	2y/5	30H
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none 10-3-24 10-9-24 10-8-24	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				10-3-24	
DISPOSITION OF ANIMAL				DATE	
Euth				10-9-24	

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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	AM/PM	CUSTODY DATE		10-3-24	I.D. Case/No.	38474
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DASH	
	X						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[Redacted]				Fleas newer condition.			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
feline	DSH	gray/white tabby	MM	14yr	20#	none	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
none	none	none	none	none dot - 10-3-24			
CUSTODY RECORD PREPARED BY						DATE	
[Redacted]						10-3-24	
SIGNATURE & TITLE						DISPOSITION OF ANIMAL	
[Redacted]						Euth	
						DATE	
						10-8-24	

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Name: [Redacted] Date: [Redacted]

Address: [Redacted] Telephone: [Redacted]

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

Disposition calm Health no good Gets along well with other pets NO

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

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

STATEMENTS OF SURRENDER

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

Signature: [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-desc

X Signature: [Redacted]

TIME	3:25 AM/PM	CUSTODY DATE	10-3-24	I.D. Case/No.	38475	
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 Very Wild		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	gray tab	M	4 mos	3#	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None Det 10-3-24		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE				10-3-24		
DISPOSITION OF ANIMAL				DATE		
Euth				10-12-24		

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 786-2482, P.O. Box 1163, Richmond, VA 23218.

Name: \_\_\_\_\_ Date: 10-3-24

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

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	3:00 AM <input checked="" type="checkbox"/> PM	CUSTODY DATE	10/3/24	I.D. Case/No.	38476	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	2					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
[Redacted]			Demon - F - wht, br			
Telephone: [Redacted]						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine x 2	Pit mix	Wht/Br	F	2 months	5 lbs	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE [Redacted]				10/3/24		
DISPOSITION OF ANIMAL				DATE		
[Redacted]				Euth F 38476 11-14-24		

10-3-24  
10-6-24  
11-17-24

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: 10/13/24

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	3:00 AM/PM	CUSTODY DATE	10/3/24	I.D. Case/No.	[REDACTED]	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	[REDACTED]
	2					38477
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]				prices-m- Blk, wht		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine x 2	Pit mix	Blk/wht	M	2 months	5 lbs	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE [REDACTED]					10/3/24	
DISPOSITION OF ANIMAL					DATE	
[REDACTED]					11-14-24	

38477

10/3/24  
10/16/24  
11/4/24

Euth 38477

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions 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: 10/3/24  
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? \_\_\_\_\_ Why did they decline to accept? \_\_\_\_\_  
Has the animal bitten or scratched a person or animal within the past 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	4:45 AM/PM	CUSTODY DATE	10-3-24	I.D. Case/No.	38478	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	1					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
[Redacted]			"Beans" Very Aggressive			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit mix	tan	M	3 years	50 lbs	none
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	Blue	None	10-3-24	
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE [Redacted]					10-3-24	
DISPOSITION OF ANIMAL					DATE	
Euth					10-4-24	

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

Name: [Redacted] Date: 10-3-24

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature [Redacted]

TIME		4:45 AM (P)		CUSTODY DATE		10-3-24		I.D. Case/No.		38479	
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					
[REDACTED]						[REDACTED]					
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS		SEX	APPROX. AGE	APPROX. WEIGHT	OTHER				
Canine	English Bulldog	Merle		M	1yr.	10.5	None				
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")											
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)		OTHER IDENTIFICATION (specify)						
None	None	None	None		None Det						
CUSTODY RECORD PREPARED BY								DATE			
[REDACTED]								10-3-24			
SIGNATURE & TITLE								10-4-24			
DISPOSITION OF ANIMAL								DATE			
Transfer								10-24-24			

10-3-24  
10-4-24  
10-24-24

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 \_\_\_\_\_

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

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

Did you contact another shelter 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 \_\_\_\_\_

TIME	5 AM (PM)	CUSTODY DATE	10-3-24	I.D. Case/No.	38480
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
X					
OWNER'S NAME & ADDRESS (if known)					ADDITIONAL INFORMATION
Telephone: unknown					TRAPPING
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Black	F	5yrs	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 10-3-24 10-5-24 10-29-24	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					10-3-24
DISPOSITION OF ANIMAL					DATE
TRANSFER					10-29-24

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: 10-3-24

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

Characteristics: Good with children X Lived Inside/Outside Outside Housebroken X  
 Disposition \_\_\_\_\_ Health X Gets along well with other pets X  
 Did you contact another shelter about this animal? \_\_\_\_\_ Why did they decline to accept? X  
 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	10-3-24	I.D. Case/No.	38481
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:			TRAPPING		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	Black	F	5wks	1#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None Out 10-3-24	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					10-3-24 10-29-24
Transfer					10-29-24

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 Outside Housebroken

Disposition Health Gets along well with other pets

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

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.

<b>TIME</b>	1:25 AM/PM	<b>CUSTODY DATE</b>	10-4-24	<b>I.D. Case/No.</b>	38482	
<b>REASON FOR CUSTODY (mark appropriate box)</b>					<b>LOCATION WHERE CUSTODY WAS TAKEN</b>	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	<input checked="" type="checkbox"/>					
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>					<b>ADDITIONAL INFORMATION</b>	
[REDACTED]						
Telephone: [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	Tort	3F	3	10	None
<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>	
[REDACTED]					10-4-24	
<b>DISPOSITION OF ANIMAL</b>					<b>DATE</b>	
Euth					10-10-24	

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? 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 \_\_\_\_\_

misty  
2 vth

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

<b>TIME</b>	2:45 AM/PM	<b>CUSTODY DATE</b>	10-4-24		<b>I.D. Case/No.</b>	38483 38482	<b>Public</b>	3848 3848L
<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	DAHS		
	✓							
<b>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	DASH	spu 2 Green white 1 Green black 1 Calico	F	(2) 245	10 5	None		
<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")</b>								
<b>CITY/COUNTY LICENSE NUMBER</b>	<b>RABIES TAG NUMBER</b>	<b>TATTOO</b>	<b>COLLAR (Color, type, etc.)</b>	<b>OTHER IDENTIFICATION (specify)</b>				
None	None	None	None	None Det				
<b>CUSTODY RECORD PREPARED BY</b>						<b>DATE</b>		
SIGNATURE: [REDACTED]						10-4-24		
<b>DISPOSITION OF ANIMAL</b>						<b>DATE</b>		

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

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

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

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

### STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

24  
3848  
3848

<b>TIME</b>	2:45 AM/PM	<b>CUSTODY DATE</b>	10-4-24	<b>I.D. Case/No.</b>	38483 38484
<b>REASON FOR CUSTODY (mark appropriate box)</b>				<b>LOCATION WHERE CUSTODY WAS TAKEN</b>	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	<input checked="" type="checkbox"/>				
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>				<b>ADDITIONAL INFORMATION</b>	
[REDACTED]					
<b>ANIMAL DESCRIPTION</b>					
<b>SPECIES</b>	<b>BREED</b>	<b>COLOR/MARKINGS</b>	<b>SEX</b>	<b>APPROX. AGE</b>	<b>APPROX. WEIGHT</b>
Feline	DASH	SPK 2 Grey white 1 Grey black 1 Calico	SF F	(2) 2yrs	10 5
<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")</b>					
<b>CITY/COUNTY LICENSE NUMBER</b>	<b>RABIES TAG NUMBER</b>	<b>TATTOO</b>	<b>COLLAR (Color, type, etc.)</b>	<b>OTHER IDENTIFICATION (specify)</b>	
NONE	NONE	NONE	NONE	NONE 10-4-24 10-10-24	
<b>CUSTODY RECORD PREPARED BY</b>				<b>DATE</b>	
SIGNATURE & TITLE: [REDACTED]				10-4-24 10-10-24	
<b>DISPOSITION OF ANIMAL</b>				<b>DATE</b>	
X3 Euth 38484-SF-Gry wht				10-10-24	

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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? 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	2:45 AM/PM	CUSTODY DATE	10-4-24	I.D. Case/No.	<del>38485</del> 38484	Public	24th 38485 3848
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS	
	<input checked="" type="checkbox"/>						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[REDACTED]							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Feline	DASH	SPK 2 Grey White Green Black Calico	F	(2) 2-1/2	10 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 10-4-24 10-10-24			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE [REDACTED]						10-4-24	
DISPOSITION OF ANIMAL						DATE	
X3 Euth 38485 F Calico						10-10-24	

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature [REDACTED]

TIME	2:45 AM/PM	CUSTODY DATE	10-4-24	I.D. Case/No.	38483 38484	Public	38483 38484 38486
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[REDACTED]				[REDACTED]			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Feline	DASH	SP 2 Grey White Green Black Calico	F	(2) 2-1/2	10 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 10-4-24			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE [REDACTED]						10-4-24	
DISPOSITION OF ANIMAL						DATE	
Y3 Euth 38486-F GRY BIK						10-10-24	

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

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

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature [REDACTED]

<b>TIME</b>	10:20 AM/PM	<b>CUSTODY DATE</b>	10-5-24	<b>I.D. Case/No.</b>	38487
<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					
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>			<b>ADDITIONAL INFORMATION</b>		
[Redacted]			Gash on back 2 places intestines - Hanging out		
<b>ANIMAL DESCRIPTION</b>					
<b>SPECIES</b>	<b>BREED</b>	<b>COLOR/MARKINGS</b>	<b>SEX</b>	<b>APPROX. AGE</b>	<b>APPROX. WEIGHT</b>
Canine	pet	gray/white	F	5 days	1/4 lb
<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 10-5-24	
<b>CUSTODY RECORD PREPARED BY</b>					<b>DATE</b>
[Redacted]					10-5-24
<b>SIGNATURE &amp; TITLE</b>					<b>DATE</b>
[Redacted]					10-5-24
<b>DISPOSITION OF ANIMAL</b>					<b>DATE</b>
Euth.					10-5-24

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: [Redacted] Date: 10-05-2024  
 Address: [Redacted] Telephone: [Redacted]  
 Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter about this animal? \_\_\_\_\_ Why did they decline to accept? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the past 10 days? \_\_\_\_\_

**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

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Danville Police Department Danville Animal Control  Danville Area Humane Society Pittsylvania Animal Control Put '16

TIME	12:00 AM/PM	CUSTODY DATE	10-4-24	I.D. Case/No.	38488
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:			[REDACTED]		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DsH	Orange	F	12wks	2#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none det. 10-4-24	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				10-4-24	
DISPOSITION OF ANIMAL				DATE	
[Signature]				10-16-24	

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 above-described animal back.

2/4

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

TIME	12:00 AM/PM	CUSTODY DATE	10-4-24	I.D. Case/No.	38489	
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:			[REDACTED]			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DsH	Calico Tabby	F	12wks	2#	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
none	none	none	none	none det. 10-4-24		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE					10-4-24/10-16-24	
DISPOSITION OF ANIMAL					DATE	
Transferred					10-16-24	

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 above-described animal back.

Signature

217

TIME	12:00 AM/PM	CUSTODY DATE	10-4-24	I.D. Case/No.	38490	
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:			[REDACTED]			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DsH	TORT	F	12wks	2#	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
none	none	none	none	none det. 10-4-24		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE [REDACTED]				10-4-24 10-16-24		
DISPOSITION OF ANIMAL				DATE		
Transfer				10-16-24		

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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 \_\_\_\_\_

4/4

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

TIME	12:00 AM/PM	CUSTODY DATE	10-4-24	I.D. Case/No.	38491
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:			[REDACTED]		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DsH	Black	M	12WKS	2#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none det. 10-4-24	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE [REDACTED]					10-4-24 / 10-16-24
DISPOSITION OF ANIMAL					DATE
Transfer					10-16-24

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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	1:50 AM	CUSTODY DATE	10-5-24	I.D. Case/No.	38492	
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:			Tiger			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Seline	D & H	gray Tabby	M	3 mths	4#	none
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
none	none	none	none	none det. 10-18-24		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE					10-18-24	
DISPOSITION OF ANIMAL					DATE	
Euth					10-18-24	

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Name \_\_\_\_\_ Date 10-05-24

Address \_\_\_\_\_

Characteristics: Good with children Not Sure Lived Inside/Outside Lived Inside Housebroken Yes  
 Disposition \_\_\_\_\_ Health Good Gets along well with other pets Not Sure  
 Did you contact another shelter about this animal? \_\_\_\_\_ Why did they decline to accept? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the past 10 days? \_\_\_\_\_

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

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

TIME	2:40 AM/PM	CUSTODY DATE	10-5-24	I.D. Case/No.	38993
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:			Tuck-		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Beagle x	BK/white	M	2yr	30#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	None	none det. 10-5-24	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE					10-5-24
DISPOSITION OF ANIMAL					DATE
Trenstar					10-16-24

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 Oct 6th 24

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

Characteristics: Good with children  Lived Inside/Outside Outside Housebroken Yes goes outside to  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets Shy with others  
 Did you contact another shelter about this animal? yes Why did they decline to accept? over 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	3:35 AM/PM	CUSTODY DATE	10-5-24	I.D. Case/No.	38494
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]			Precious		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Bully	Blk/white	F	6yrs	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. 10-5-24	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE [REDACTED]				10-5-24	
DISPOSITION OF ANIMAL				DATE	
Adopted 38494				10-25-24	

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: [REDACTED] Date: 10-5-24  
 Address: [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? no where to keep her  
 Has the animal bitten or scratched a person or animal within the past 10 days? no

STATEMENTS OF SURRENDER

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

Signature: [REDACTED]

Or

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

Signature: [REDACTED]

TIME	10:30	AM/PM	CUSTODY DATE			10-7-24	I.D. Case/No.	38495
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS		
X								
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION				
Telephone: [REDACTED]				[REDACTED] "Baby"				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
Canine	Lab	BRN BLACK-White	F	4-5 mos	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 det. 10-7-24				
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE [REDACTED]						10-7-24		
DISPOSITION OF ANIMAL						DATE		
Transfer						10-16-27		

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

Name: [REDACTED] Date: 10-7-24  
 Address: [REDACTED] Telephone: [REDACTED]

Characteristics: Good with children \_\_\_\_\_ Lived Inside/Outside Outside Housebroken Yes  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter about this animal? \_\_\_\_\_ 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	9:00 AM/PM	CUSTODY DATE	10-6-24	Lb. Case/No.	38497	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.
X						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Drop off cage						
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Labx	light tan	♀	2y	45#	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	not detected		
CUSTODY RECORD PREPARED BY					DATE	
[Redacted]					9-6-24	
SIGNATURE & TITLE					DATE	
[Redacted]					9-6-24	
DISPOSITION OF ANIMAL					DATE	
Euth					10-15-24	

9-6-24  
8-24  
10-15-24

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

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

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

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

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

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

**STATEMENTS OF SURRENDER**

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

TIME	10 <sup>00</sup> AM/PM	CUSTODY DATE	10-7-24	I.D. Case/No.	38498
------	------------------------	--------------	---------	---------------	-------

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

Datts

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	Good aggression "Bone"

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
canine	Pit x	blk & white	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	NONE	NONE detected

CUSTODY RECORD PREPARED BY	DATE
[REDACTED]	10-7-24
SIGNATURE & TITLE	10-9-24
	10-15-24

DISPOSITION OF ANIMAL	DATE
Euth	10-15-24

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

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

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

Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets snappy at dogs

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 [Signature]

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I 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	11:00 AM/PM	CUSTODY DATE	10-6-24	I.D. Case/No.	38499
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]			Mama - Parrot Couldn't afford see [REDACTED]		
ANIMAL DESCRIPTION <i>Parrot</i>					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
<i>Seline</i>	<i>DSH</i>	<i>Blk-white</i>	<i>F</i>	<i>1-2 yrs</i>	<i>5#</i>
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
<i>Nova</i>	<i>None</i>	<i>None</i>	<i>None</i>	<i>None</i>	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE [REDACTED]					<i>10-6-24</i>
[REDACTED]					DATE
<i>Euth</i>					<i>10-10-24</i>

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

Characteristics: Good with children yes Lived Inside/Outside Outside Housebroken no  
 Disposition \_\_\_\_\_ Health yes Gets along well with other pets yes - chickens  
 Did you contact another shelter about this animal? no Why did they decline to accept? couldn't afford it  
 Has the animal bitten or scratched a person or animal within the past 10 days? no see

STATEMENTS OF SURRENDER

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

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

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I 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	800 AM/PM	CUSTODY DATE	10-6-24	I.D. Case/No.	38500
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
3K	DSH	Calico	3F	8wks	2 or 3
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	None detected	
CUSTODY RECORD PREPARED BY				DATE	
[Redacted Signature]				10-6-24	
DISPOSITION OF ANIMAL				DATE	
Transfer x3				10-16-24	

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 am required to follow the adoption policies and procedures if I decide I want the abo

Signature \_\_\_\_\_

TIME	800 AM/PM	CUSTODY DATE	10-6-24	I.D. Case/No.	38501
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
3K	DSH	Calico	3F	8wks	2lb
ANIMAL IDENTIFICATION (complete all that 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	
[REDACTED]				10-6-24	
SIGNATURE & TITLE				DATE	
DISPOSITION OF ANIMAL				DATE	
Transfer to 3				10-16-24	

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 above-described animal back.

Signature \_\_\_\_\_

<b>TIME</b>	800 AM/PM	<b>CUSTODY DATE</b>	10-6-24			<b>I.D. Case/No.</b>	7856
<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	DOG	
	X						
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>				<b>ADDITIONAL INFORMATION</b>			
[REDACTED]				[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>	
3K	DSH	Calico	3F	8wks	24	n	
<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>	
[REDACTED]						10-6-24	
<b>SIGNATURE &amp; TITLE</b>						10-9-24	
[REDACTED]						10-16-24	
<b>DISPOSITION OF ANIMAL</b>						<b>DATE</b>	
Transfer x3						10-16-24	

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 above-described animal back.

Signature \_\_\_\_\_

<b>TIME</b>	11:00 AM/PM	<b>CUSTODY DATE</b>	10-6-24	<b>I.D. Case/No.</b>	38503
<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				
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>			<b>ADDITIONAL INFORMATION</b>		
[Redacted]			Health Reason we can't He feed Her. Keep		
<b>ANIMAL DESCRIPTION</b>					
<b>SPECIES</b>	<b>BREED</b>	<b>COLOR/MARKINGS</b>	<b>SEX</b>	<b>APPROX. AGE</b>	<b>APPROX. WEIGHT</b>
Feline	Dsth	Tort	F	8wks	1#
<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")</b>					
<b>CITY/COUNTY LICENSE NUMBER</b>	<b>RABIES TAG NUMBER</b>	<b>TATTOO</b>	<b>COLLAR (Color, type, etc.)</b>	<b>OTHER IDENTIFICATION (specify)</b>	
None	None	None	None	None det 10-6-24 10-8-24 10-9-24	
<b>CUSTODY RECORD PREPARED BY</b>					<b>DATE</b>
[Redacted]					10-6-24
<b>DISPOSITION OF ANIMAL</b>					<b>DATE</b>
Euth					10-8-24

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

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

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

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

[Redacted]

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> <i>This form includes all mandated information as required by §3.1-796.105.B of the Code of Virginia.</i>
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CASE NO.	38504	CUSTODY DATE	10-7-24	TIME	12:10 AM / PM
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REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
1					

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
canine	Pit mix	Grey / wht	F	2yrs	30lbs	non

ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")				
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
non	non	non	non	non 10-7-24 non 10-8-24

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE	10-7-24

DISPOSITION OF ANIMAL	DATE
RTO	10-8-24

*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 §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>TIME</b>	2:25 AM/PM	<b>CUSTODY DATE</b>	10-7-24	<b>I.D. Case/No.</b>	38505
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>				<b>ADDITIONAL INFORMATION</b>	
Telephone: unknown					
<b>ANIMAL DESCRIPTION</b>					
<b>SPECIES</b>	<b>BREED</b>	<b>COLOR/MARKINGS</b>	<b>SEX</b>	<b>APPROX. AGE</b>	<b>APPROX. WEIGHT</b>
Feline	DLH	Black	F	1yrs	9#
<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")</b>					
<b>CITY/COUNTY LICENSE NUMBER</b>	<b>RABIES TAG NUMBER</b>	<b>TATTOO</b>	<b>COLLAR (Color, type, etc.)</b>	<b>OTHER IDENTIFICATION (specify)</b>	
None	None	None	None	None Det 10-7-24 10-8-24	
<b>CUSTODY RECORD PREPARED BY</b>				<b>DATE</b>	
[Redacted Signature]				10-7-24	
<b>DISPOSITION OF ANIMAL</b>				<b>DATE</b>	
Transfer				10-29-24	

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: [Redacted] Date: 10-7-24

Address: [Redacted] Telephone: [Redacted]

Characteristics: Good with children \_\_\_\_\_ 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? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

**STATEMENTS OF SURRENDER**

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

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

<b>TIME</b>	<b>AM/PM</b>	<b>CUSTODY DATE</b>		10-7-24	<b>I.D. Case/No.</b>	38506
<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					DASH	
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>				<b>ADDITIONAL INFORMATION</b>		
Telephone: unknown				trapping		
<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	gray-tab	F	1yr	5#	None
<b>ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")</b>						
<b>CITY/COUNTY LICENSE NUMBER</b>	<b>RABIES TAG NUMBER</b>	<b>TATTOO</b>	<b>COLLAR (Color, type, etc.)</b>	<b>OTHER IDENTIFICATION (specify)</b>		
None	None	None	None	None Det. 10-7-24 10-9-24 10-29-24		
<b>CUSTODY RECORD PREPARED BY</b>					<b>DATE</b>	
SIGNATURE & TITLE					10-7-24	
<b>DISPOSITION OF ANIMAL</b>					<b>DATE</b>	
TRANSFER					10-29-24	

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: 10-7-24  
 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	1	AM/PM	CUSTODY DATE	10-8-24	I.D. Case/No.	38507
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				[REDACTED]		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	gray/white	M	3yrs	2#	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None Det 10-8-24		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE [REDACTED]					10-8-24	
DISPOSITION OF ANIMAL					DATE	
Adopted					11-11-24	

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: [REDACTED] Date: 10-8-24  
 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? 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>TIME</b>	1:47 AM	<b>CUSTODY DATE</b>	10-8-24	<b>I.D. Case/No.</b>	38508
<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					
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>			<b>ADDITIONAL INFORMATION</b>		
Telephone: unknown			Roaming		
<b>ANIMAL DESCRIPTION</b>					
<b>SPECIES</b>	<b>BREED</b>	<b>COLOR/MARKINGS</b>	<b>SEX</b>	<b>APPROX. AGE</b>	<b>APPROX. WEIGHT</b>
Feline	DSH	OR9	M	7 months	4 lbs
<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	Det - New 10-8-24	
<b>CUSTODY RECORD PREPARED BY</b>					<b>DATE</b>
SIGNATURE & TITLE: [Redacted]					10-10-24
<b>DISPOSITION OF ANIMAL</b>					<b>DATE</b>
Transfered					10-16-24

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: [Redacted] Date: 10-8-24

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]

Or

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

Signature \_\_\_\_\_

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

**ANIMAL CUSTODY RECORD**

This form includes all mandated information as required by 53.1-796.105.B of the Code of Virginia.

CASE NO.	38509	CUSTODY DATE	10-1-24	TIME	12:00 AM <input checked="" type="checkbox"/> PM
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REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input 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
cat	Pit mix	Brown	M	3 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 10-1-24 10-3-24 10-18-24

CUSTODY RECORD PREPARED BY	DATE
	10-1-24
SIGNATURE & TITLE	

DISPOSITION OF ANIMAL	DATE
Euth	10-18-24

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	3 <sup>05</sup> AM/PM	CUSTODY DATE	10-8-24	I.D. Case/No.	38510	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
<input checked="" type="checkbox"/>						
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
Telephone: unknown			Roaming TRAPPING wild			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	BLACK	m	2 <sup>3</sup> 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 det 10-8-24 10-17-24		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE					10-8-24	
DISPOSITION OF ANIMAL					DATE	
Euth					10-17-24	

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: 10-8-24

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	9:32 AM/PM	CUSTODY DATE	10-8-24	I.D. Case/No.	38511	
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					[REDACTED]	
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit	White	F	1yr	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. 10-8-24		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE [REDACTED]					10-8-24	
DISPOSITION OF ANIMAL					DATE	
Adopted					10-28-24	

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 1463, Raleigh, NC 27602-0463.

Name: [REDACTED] Date: 10-8-24

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]

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge 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	10-9-24	I.D. Case/No.	38512	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAH S	
X							
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone:							
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	Terrier	BROWN	MM	8 YRS	20#	No	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	485-Brown	None    Det    10-9-24			
CUSTODY RECORD PREPARED BY					DATE		
SIGNATURE & TITLE					10-9-24 10-16-24		
DISPOSITION OF ANIMAL					DATE		
transfer					10-16-24		

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 11000, Richmond, VA 23218.

Name: \_\_\_\_\_ Date: 10-9-24

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

Characteristics: Good with children Not sure    Lived Inside/Outside Outside    Housebroken Not sure  
 Disposition \_\_\_\_\_    Health don't know    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.

V

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

**ANIMAL CUSTODY RECORD**  
 This form includes all mandated information as required by  
 53.1-796.105.B of the Code of Virginia.

<b>CASE NO.</b>	38513	<b>CUSTODY DATE</b>	10-9-24	<b>TIME</b>	12 15	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
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REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	[REDACTED]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Bemey

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Coon	Pit mix	Brown	M	3 years	45 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	[REDACTED]

<b>CUSTODY RECORD PREPARED BY</b>	<b>DATE</b>
[REDACTED]	10-9-24

<b>DISPOSITION OF ANIMAL</b>	<b>DATE</b>
RTO	10-9-24

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 Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.

# Danville Police Department

Animal Control Unit

(434) 548-3017

## ANIMAL CUSTODY RECORD

This form includes all mandated information as required by 53.1-796.105.B of the Code of Virginia.

CASE NO.	38514	CUSTODY DATE	10-9-24	TIME	1:15 AM <input checked="" type="radio"/> PM
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REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pitt mix	wht/grey	M	2 years	45 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
	10-9-24

DISPOSITION OF ANIMAL	DATE
RTU	10-9-24

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TIME	2	AM/PM	CUSTODY DATE	10-9-24	I.D. Case/No.	38515
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	X				DAHS	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]				JASZY		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	gray-Calico	SF	5YRS	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 10-9-24		
CUSTODY RECORD PREPARED BY					DATE	
[REDACTED]					10-10-24	
SIGNATURE & [REDACTED]					10-9-24 / 10-16-24	
DISPOSITION OF ANIMAL					DATE	
Transfer					10-16-24	

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Name \_\_\_\_\_ Date 10-9-24  
 Address \_\_\_\_\_ Telephone None Turned off  
 Characteristics: Good with children NO Lived Inside/Outside Housebroken Yes  
 Disposition \_\_\_\_\_ Health \_\_\_\_\_ Gets along well with other pets \_\_\_\_\_  
 Did you contact another shelter about this animal? \_\_\_\_\_ Why did they decline to accept? \_\_\_\_\_  
 Has the animal bitten or scratched a person or animal within the past 10 days? NO

STATEMENTS OF SURRENDER

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

Signature \_\_\_\_\_

Or

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

Signature \_\_\_\_\_

<b>TIME</b>	10:50 AM/PM	<b>CUSTODY DATE</b>	10-10-24	<b>I.D. Case/No.</b>	38516	
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>			<b>ADDITIONAL INFORMATION</b>			
Telephone:			Dropoff cage			
<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	Poodle	white	M	7y	15#	None
<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	plum nylon	not detected		
<b>CUSTODY RECORD PREPARED BY</b>				<b>DATE</b>		
SIGNATURE & TITLE				10-10-24		
<b>DISPOSITION OF ANIMAL</b>				<b>DATE</b>		
Adopted				11-7-24		

10-10-24  
10-14-24  
11-7-24

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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	1050 AM/PM	CUSTODY DATE	10-10-24	I.D. Case/No.	38517	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
<input checked="" type="checkbox"/>						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone: Drop off						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Female	DSTH	Blk wht	F	2m	3H	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
none	none	none	none	not detected 10-10-24		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE				10-10-24		
DISPOSITION OF ANIMAL				DATE		
Transfer				10-29-24		

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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 6:50 (AM/PM) CUSTODY DATE 10-10-24 I.D. Case/No. 38518

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"/>					

DARTS

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

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

DROP OFF

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
<u>Belton</u>	<u>DSH</u>	<u>BLK</u>	<u>F</u>	<u>2m.</u>	<u>3#</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>not detected</u>

DATE 10-10-24

CUSTODY RECORD PREPARED BY

SIGNATURE & TITLE \_\_\_\_\_ DATE 10-10-24

DISPOSITION OF ANIMAL Transfer DATE 10-29-24

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

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

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

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

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

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

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

**STATEMENTS OF SURRENDER**

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

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

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

Signature \_\_\_\_\_

TIME	650 AM/PM	CUSTODY DATE	10-24-70	I.D. Case/No.	38519	
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: Prop off			[REDACTED]			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	gn/wht	M	1yr	7#	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
none	none	none	none	not detected		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE				10-10-24		
DISPOSITION OF ANIMAL				DATE		
				12-10-24		

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

Signature \_\_\_\_\_