

TIME 2:42 AMPM CUSTODY DATE 3/22/19 LD. Case/No. 22251

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

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

with DATS clipped as a baby

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

[REDACTED] moved to apartment + can no longer keep it.

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Bird	Parakeet	yellow face green body ^{blk + gm wings}	F	1 1/2	H	

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

CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
<u>n</u>	<u>n</u>	<u>n</u>	<u>n</u>	<u>w/ no det</u>

CUSTODY RECORD PREPARED BY DATE

[Signature] 3/22/19

DISPOSITION OF ANIMAL

Return to Owner Adopted Euthanized Died in Custody Transferred to Virginia releasing agency (name) Transferred to Out-of-State agency (name) Other

1-2321

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

Characteristics: Good with children _____ Lived Inside/Outside Housebroken _____
 Disposition _____ Health _____ Gets along well with other people _____
 Has the animal bitten or scratched a person or animal within the past 10 days? NO
 Did you try to release this animal to another shelter? NO Why didn't they accept the animal? _____

STATEMENTS OF SURRENDER

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

Signature _____ Or _____

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

Signature [REDACTED]

TIME	2:08 AM	CUSTODY DATE	3-1-2020	LD. Case/No.	24569
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]				Can no longer take care Co-Resident	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Bird	Parakeet	Green			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
			NONE	NONE	
CUSTODY RECORD PREPARED BY					DATE
[Signature]					3-1-2020
DISPOSITION OF ANIMAL					DATE
Return to Owner	Adopted	Euthanized	Died in Custody	Transferred to Virginia releasing agency (name)	Transferred to Out-of-State agency (name)
					1-19-24

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

Name: [Redacted] Telephone: [Redacted]

Address: [Redacted]

Characteristics: Good with children Lived Inside Outside Housebroken
 Disposition Health Gets along well with other pets
 Has the animal bitten or scratched a person or animal within the past 10 days? NO
 Did you try to release this animal to another shelter? NO Why didn't they accept the animal? _____

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	12 ³⁰ AM/PM	CUSTODY DATE	12-21-23	I.D. Case/No.	35648
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 Keep No Longer JOJO		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Shep X	Blonde	M	3mos.	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	None	NONE Detected	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Anou James - sic</i>					12-21-23
DISPOSITION OF ANIMAL					DATE
Euth					1-19-24

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

Name _____ Date _____

Address _____ Telephone _____

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

Disposition Health Gets along well with other pets yes

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	9:45 AM/PM	CUSTODY DATE	12-23-23	I.D. Case/No.	35660 35661	35662
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	X				DAHS	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
3x canine	Pitt x	black/brown w/white patch	3x M	8 wks	2#	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	NONE	NONE	None		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE					12-23-23	
DISPOSITION OF ANIMAL					DATE	
Euth					1-7-24	

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



possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I 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	AM/PM	CUSTODY DATE	12-23-23		I.D. Case/No.	35665 35666	35667 35668 35669 35670
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): [REDACTED]

ADDITIONAL INFORMATION: [REDACTED]

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	heeler		♂ 4F 1-M			

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

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

CUSTODY RECORD PREPARED BY: [REDACTED]

SIGNATURE & TITLE: [Signature]

DISPOSITION OF ANIMAL: Euth

DATE: 12-23-23

DATE: 3-24

This form may be used by animal control officers, custodians of any pound or shelter, humane investigators to record and maintain the information required by the Code of Virginia, § 15.1-200, which requires that all dogs and cats be licensed annually to the State Veterinarian in the prescribed form, and must be made available for public inspection upon request. The State Veterinarian, (804) 786-2483, P.O. Box 1182, Richmond, VA 23060.

Name _____

Address _____

Characteristics: Good with children _____

Disposition: _____ Health: _____

Did you contact another shelter about this animal? _____

Has the animal bitten or scratched anyone? _____

Mama - 1 yr - blk & white - 20# - F

2 tan & white - F - 5 wks - 2#

1 - tri color - F - 5 wks - 2#

1 - blk & white - F - 5 wks - 2#

1 - blk & white - M - 5 wks - 2#

I do not own this animal.

X Signature: [REDACTED]

I am the rightful owner of the above described animal. No other person has a right of possession. I authorize the animal to be euthanized or disposed of in accordance with the laws of the State of Virginia. When possible, the Danville Area Humane Society will be notified. I acknowledge that I will be required to pay the adoption fee in all cases, and I also acknowledge that I will be required to pay the adoption fee and procedures if I decide I want the above-described animal back.

Signature _____

6X

TIME	11:25 AM/PM	CUSTODY DATE	12-30-23	I.D. Case/No.	35697
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		
200 Block of epos st.			PD TOOK TO AME injured		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	pit	grey/white	F	3 yrs	60
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	?	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				DATE	
Linda Cottrell				12-30-23	
DISPOSITION OF ANIMAL				DATE	
Euth				1-7-24	

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

TIME	7:15 AM (PM)	CUSTODY DATE	12-30-23	I.D. Case/No.	35706 35708 35707 35709
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	
Wardman				County 5	
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pit X	buff	4M 2-F	8 wks	2#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	NONE	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				12-30-23	
DISPOSITION OF ANIMAL				DATE	
Euth				1-5-24	

6x

35710
35711

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

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children _____ Lived Inside/Outside _____ Housebroken _____
 Disposition _____ Health _____ Gets along well with other pets _____
 Did you contact another shelter about this animal? yes Why did they decline to accept? to feed
 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	500 AM/PM	CUSTODY DATE	7-27-27		I.D. Case No.	37694
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	Shelter
	<input checked="" type="checkbox"/>					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone:				No room for him Chemp		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
10	P-tt	Gx 1wh	M	5y/3	48lb	~
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	Black	None		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>AK [Signature]</i>					7-24-24	
DISPOSITION OF ANIMAL					DATE	
Euth.					7-26-24	

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

Name _____ Date 7-24-24
 Address _____
 Characteristics: Good with children _____ Lived Inside/Outside _____ Housebroken _____
 Disposition _____ Health _____ Gets along well with other pets _____
 Did you contact another shelter about this animal? _____ Why did they decline to accept? _____
 Has the animal bitten or scratched a person or animal within the past 10 days? _____

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____