

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	ANIMAL CUSTODY RECORD (To be filled out by the person having custody of the animal)
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CASE NO.	36475	CUSTODY DATE	4-16-24	TIME	9:15	AM / PM	AM
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REASON FOR CUSTODY (Check appropriate box)						
Stray	Owner Surrender	Seized <i>Impound</i>	Bite Case	Transfer from other locality/facility	Other	
		1				

OWNER'S NAME & ADDRESS (If known)	ADDITIONAL INFORMATION
[REDACTED]	owner went to jail  "BOSS"

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Pit mix	Gray/White	M	2 years	50 lbs	None
ANIMAL IDENTIFICATION (Check appropriate box)						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	blue	None		



DATE	4-16-24
LOCATION OF ANIMAL	Ethel
DATE	6-2-24

custodians of any pound or shelter, representatives of a humane society, or humane societies as required by §3.1-796.105.B of the Code of Virginia. This record shall be maintained for one year for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the State Veterinarian, 1000 North 1st Street, Raleigh, NC 27601.

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> <small>The form shall be maintained for at least five years.</small>
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CASE NO.	36478	CUSTODY DATE	4-16-24	TIME	2:07 AM / <input checked="" type="checkbox"/> PM
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<b>REASON FOR CUSTODY (mark appropriate box)</b>					
Stray	Owner Surrender	<del>Seized</del> Impound	Bite Case	Transfer from other locality/facility	[Redacted]
		1			

<b>OWNER'S NAME &amp; ADDRESS IF KNOWN</b>	<b>ADDITIONAL INFORMATION</b>
[Redacted]	Owner in jail "petter" SAFE keeping
Telephone:	

<b>ANIMAL DESCRIPTION</b>						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Hound mix	tan	F	2 years	20 lbs	None

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

<b>CUSTODY RECORD PREPARED BY</b>	<b>DATE</b>
E.P. Black PD #572	4-16-24

<b>DISPOSITION OF ANIMAL</b>	<b>DATE</b>
Euth LCC	7-23-24



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

TIME	11:55 (A)MPM	CUSTODY DATE	04-17-24	I.D. Case/No.	364 84 364 87
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
					JDAH
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]			He told the owners in Jan for 3 or 4 mos. months years. He has had these 2 s Just a match for him		
ANIMAL DESCRIPTION ONLY					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Husky Pit	Tan BRN-white	M F	3 mos. 3 mos	30#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	NONE	None	None	None Det.	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Ann Janner-Soc</i>					04-17-24
DISPOSITION OF ANIMAL					DATE
<i>Euth</i>					4-25-24



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

Signature

TIME	10:41 AM/PM		CUSTODY DATE	4-22-24		I.D. Case/No.	36514	
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 keep dog. Can't get him train / return up (Pain) <del>of</del> furn + up BAL PAPA				
ANIMAL DESCRIPTION								
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER		
CANNIE	PITX	BROWN	M	6 mos.	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 ID -				
CUSTODY RECORD PREPARED BY						DATE		
SIGNATURE & TITLE <i>Ann Farmer - Sec</i>						4-22-24		
DISPOSITION OF ANIMAL						DATE		
Euth						5-2-24		

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



Date \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Outside Housebroken 1/2 way  
 Gets along well with other pets \_\_\_\_\_  
 Why did they decline to accept? \_\_\_\_\_  
 past 10 days? NO

RENDER  
 to the Danville Area Humane Society.

I surrender all property rights in such animal. I acknowledge the animal may be immediately subsection D, subdivisions 1 through 5. When owner-released animals for 24 hours before it be possible in all cases, and I also policies and procedures if I decide I want the

TIME	3:54 AM/PM	CUSTODY DATE	04-23-24	I.D. Case/No.	30526
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]			Glock		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Pit X	Black with spot	M	1YR	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	[REDACTED]	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Ann J. J. - SA</i>				4-23-24	
DISPOSITION OF ANIMAL				DATE	
<i>Euth</i>				4-24-24	



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

Date 4-23-24

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

SURRENDER  
 to the Danville Area Humane Society.

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

[REDACTED SIGNATURE]

TIME	10:30 AM	CUSTODY DATE	4-26-24	I.D. Case/No.	32541	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
<input checked="" type="checkbox"/>						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Unknown				Full of milk.		
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
Canine	Pit X	Gray/white	F	2 yrs.	50 lbs.	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None detected.		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE <i>Paula Deane, Director</i>				4/26/2024		
DISPOSITION OF ANIMAL				DATE		
with				5-7-27		

This form may be used by animal control officers, custodians of animal care facilities, representatives of a humane society, or humane society. Record shall be maintained for at least five years. This form is to be summarized and submitted to the Office of the State Auditor. May be directed to the Office of the State Auditor.

Update: We believe we found the owner. And thank you to the person who sent us a screenshot of the puppies the Pittsylvania County Pet Center has. We have spoken with the shelter manager and she confirmed the puppies came from Cascade, so these can't be her puppies. We appreciate the effort, though!

ALERT! (And one of several reasons why spring is not our favorite time of year!). This very scared dog was picked up on Oakland Avenue in Danville. She is full of milk. Please keep an eye open for puppies. (Yes, we may attempt to let her calm down and then take her on a leash to see if she will lead us to puppies.)

representative of a humane society, or humane society. Record shall be maintained for at least five years. This form is to be summarized and submitted to the Office of the State Auditor. May be directed to the Office of the State Auditor.

Date 4/26/24

Telephone \_\_\_\_\_

Housebroken Unknown

Allowed with other pets Unknown

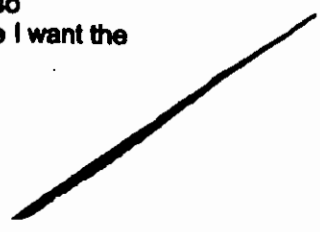
Decline to accept? No

? No



Danville Area Humane Society

All property rights in such animal. The animal may be immediately returned to the subdivisions 1 through 5. When animals for 24 hours before in all cases, and I also procedures if I decide I want the



TIME	11:25 AM/PM	CUSTODY DATE	03-11-24	I.D. Case/No.	36220
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: Unknown			58 West Roanoke		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Dalmatian	White/Blk	F	2.6 yrs	75#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
None	None	None	Pink	None	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Ann Turner-Sec</i>					03-11-24
DISPOSITION OF ANIMAL					DATE
Euth					3-27-27

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane society. Information on this form is to be summarized and submitted to the Department of Agriculture regarding this form may be directed to the Office of the State



Date 3-11-24

Telephone \_\_\_\_\_

Inside/Outside Housebroken

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

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

In the past 10 days? NO

SURRENDER

I surrender custody to the Danville Area Humane Society.

I, the undersigned, do hereby surrender custody of the animal, and I surrender all property rights in each animal. I acknowledge the animal may be immediately adopted. I agree to pay the fee of \$46, subsection D, subdivisions 1 through 5. When I pick up owner-released animals for 24 hours before they may not be possible in all cases, and I also agree to abide by the adoption policies and procedures if I decide I want the

TIME	12:30 AM/PM	CUSTODY DATE	3-24-24	ID. Case/No.	36314, 36315, 36316, 36317, 36318, 36
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 (optional)			ADDITIONAL INFORMATION		
[REDACTED]			Unwanted.		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	4 blk & white 1 calico 1 grey tabby		3 wks	1#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	NONE checked	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE [Signature]				3-24-24	
DISPOSITION OF ANIMAL				DATE	
euth. 6 <del>1</del> 1.5cc mc				3-24-24	

This form may be used by animal control officers, representatives of any pound or shelter, representatives of a humane society, or humane society, or humane society. Please, please help us spread the word—do not throw kittens into a box and put them in a dumpster. We do not turn animals away. Construction workers at Cardinal Village found three newborn ones with the umbilical cords still attached. One had died. We will offer a reward of up to \$500 for information that leads to the arrest and conviction of the person who treated these kittens like trash. Rewards are paid through donations to our Earl Merricks State Abuse Fund.



Date \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Lived Inside/Outside \_\_\_\_\_ Housebroken \_\_\_\_\_  
 Gets along well with other pets \_\_\_\_\_  
 Why did they decline to accept? \_\_\_\_\_  
 al within the past 10 days? \_\_\_\_\_

TERMS OF SURRENDER  
 I hereby surrender this animal to the Danville Area Humane Society.  
 [REDACTED]

I am the owner of the above-described animal, and I surrender all property rights in such animal. I acknowledge the animal may be immediately adopted. I acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

TIME	3:00 AM/PM	CUSTODY DATE	3-00 2-2-24	I.D. Case/No.	35974
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	<input checked="" type="checkbox"/>				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone:					
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Yorkie	white/cream	F	10 WKS	10#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>May I Bussler</i>				2-24	
DISPOSITION OF ANIMAL				DATE	
Euth				3-12-24	



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

Date 2-2-24

Telephone \_\_\_\_\_

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

**SURRENDER**

I hereby surrender custody to the Danville Area Humane Society.

I, and I surrender all property rights in such animal. I acknowledge the animal may be immediately euthanized, 46, subsection D, subdivisions 1 through 5. When not possible, the owner-released animals for 24 hours before euthanasia is not possible in all cases, and I also acknowledge that I am required to follow the adoption policies and procedures if I decide I want the

above



TIME	9:00 AM/PM	CUSTODY DATE	2-10-24	I.D. Case/No.	36031	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
X						
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
Unknown			has wound around shoulder, really bad fleas			
Telephone:						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
feline	short hair	gray tabby	M	2 yr	6lb	none
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
none	none	none	none	none detected		
CUSTODY RECORD PREPARED BY:				DATE:		
SIGNATURE & TITLE <i>[Signature]</i>				02/10/24		
DISPOSITION OF ANIMAL				DATE		
Euth				2/27		

Martinsville

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



Date: 2-10-24

Telephone: ~~XXXXXXXXXX~~

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

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

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

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

Danville Area Humane Society.

I hereby agree to transfer all property rights in such animal to the Danville Area Humane Society. I understand the animal may be immediately euthanized under subdivisions 1 through 5. When I have used animals for 24 hours before I am notified, I agree to be responsible in all cases, and I also agree to the terms and procedures if I decide I want the animal.

✓

X

TIME	12:45 AM/PM	CUSTODY DATE	02-13-24	I.D. Case/No.	36040 36041
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
X					
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone: UNKNOWN			Found ON RIVERSIDE DRIVE "Stray"		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	hound x	Black/white	F	12wks	10#
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
NONE	NONE	NONE	NONE	None Detected	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Anna Turner-Sac</i>				02-13-24	
DISPOSITION OF ANIMAL				DATE	
Euth				2-20-24	

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



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

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

Danville Area Humane Society

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

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

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



Date 2/16/24

Telephone [REDACTED]

Housebroken           

Gets along well with other pets           

May I decline to accept?           

Days? NO

Danville Area Humane Society.

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

TIME	2:05 AM/PM	CUSTODY DATE	1-1-24	I.D. Case/No.	35718
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:				Put in Drop off - missing hair on back -	
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
feline	DSH	gray/white	M	1yr.	6lb
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)	
none	none	none	none	none det	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE				DATE	
DISPOSITION OF ANIMAL				DATE	
Euth				1-5-24	



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

Date \_\_\_\_\_

Telephone \_\_\_\_\_

side/Outside Housebroken \_\_\_\_\_

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

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

the past 10 days? \_\_\_\_\_

**SURRENDER**

body to the Danville Area Humane Society.

and I surrender all property rights in such animal. I acknowledge the animal may be immediately euthanized, subsection D, subdivisions 1 through 5. When not possible in all cases, and I also acknowledge the policies and procedures if I decide I want the

Signature \_\_\_\_\_

TIME	2:30 AM/PM	CUSTODY DATE	1-1-24	I.D. Case/No.	35719 35720 35721	Public	35721 35722 35723
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	DAHS	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone:				city			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
Canine	pit/lab.	Brown/white	68 gm	8wks			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
none	none	none	none	none listed			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE						DISPOSITION OF ANIMAL	
						Euth	
						1-24	



...representatives of a humane society, or humane society. This record shall be maintained for at least five years. Information on this form is to be summarized and submitted to the Office of the State Veterinarian. If you have any questions regarding this form may be directed to the Office of the State Veterinarian.

Date \_\_\_\_\_

Telephone \_\_\_\_\_

Outside Housebroken \_\_\_\_\_

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

Did they decline to accept? \_\_\_\_\_

For 10 days? \_\_\_\_\_

SENDER \_\_\_\_\_

to the Danville Area Humane Society.

I surrender all property rights in such animal. I understand and acknowledge the animal may be immediately euthanized in accordance with Section D, subdivisions 1 through 5. When released animals for 24 hours before release, if possible in all cases, and I also understand and agree to the policies and procedures if I decide I want the animal.

8-

X

