

| | | | |
|--------------------|------------------------------------|---------------|----------|
| ANIMAL ID 41442 | CUSTODY DATE MM/DD/YY 8-4-25 | TIME 12:30 | AM PM |
|--------------------|------------------------------------|---------------|----------|

| | | | | | |
|--|--|--|---|----------------------------------|--|
| REASON FOR CUSTODY (mark appropriate box) | | | | LOCATION WHERE CUSTODY WAS TAKEN | |
| <input checked="" type="checkbox"/> Stray / At Large | <input type="checkbox"/> Owner Surrender | <input type="checkbox"/> Seized | <input type="checkbox"/> Bite Case Quarantine | DASH | |
| <input type="checkbox"/> Transfer from Another Releasing Agency Name: | | <input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State | <input type="checkbox"/> Other: | | |

| | |
|-----------------------------------|------------------------|
| OWNER'S NAME & ADDRESS (if known) | ADDITIONAL INFORMATION |
| | Can't Keep G Retng |

| ANIMAL DESCRIPTION | | | |
|--|--------------|-------------------------------|---|
| SPECIES <input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/> | BREED DSH | COLOR / MARKINGS OEA/white | SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N Unk Approximate AGE: 2 YR <input type="checkbox"/> MO Approximate WEIGHT: 6 LB OTHER: |

| ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO) | | | | |
|--|----------------------------------|----------------------|--|---|
| License Tag (Number - Details) | Rabies Tag (Number - Details) | Tattoo (Describe) | Collar (Describe - Color, Type, etc.) | Microchip or Other Identification (Describe - Details) |
| None | None | None | None | Scan: 8-4-25 Scan: 8-4-25 None Det |

| CUSTODY RECORD PREPARED BY | |
|----------------------------|----------------------------|
| Signature: [Redacted] | DATE: (MM/DD/YY) 8-4-25 |

RIGHTFUL OWNER SURRENDER STATEMENT

I am the rightful owner of this animal. I surrender all property rights in this animal. No other person has a right of property in this animal. I understand that this animal may be immediately euthanized or otherwise disposed in accordance with Virginia Code, Title 3.2, Ch. 65. If I want the animal back, I will follow adoption procedures.

SIGNATURE:

DISPOSITION OF ANIMAL Euth **HOLDING PERIOD EXPIRES ON (Date):** 8-11-25

| | | | | | | |
|----------------------------|--|------------|-----------------|---|---|-------|
| DATE: (MM/DD/YY) 8-5-25 | FINAL MICROCHIP SCAN PERFORMED BY (Initials) [Redacted] | | | | | |
| Returned to Owner | Adopted | Euthanized | Died in Custody | Transferred to Another Virginia Releasing Agency (name of agency) | Transferred to Out-of-State Releasing Agency (name of agency) | Other |
| | | 8525 | | | | |

Did you contact another shelter? *NO* Why did they decline to accept?