



COMMONWEALTH OF VIRGINIA

Department of Agriculture and Consumer Services



**Division of Animal and Food Industry Services
Office of Veterinary Services**

102 Governor Street, Richmond, Virginia 23219
Phone: 804-692-4001 Fax: 804-371-2380

COMPLAINT FORM

The Office of Veterinary Services (OVS) investigates complaints alleging violation of the Virginia Laws and Virginia Administrative Codes pertaining to facilities, agencies, and persons subject to direct regulation by this office.

Please use this form to submit such a complaint.

Complaints pertaining to a subject under the enforcement authority or regulation of another agency should be submitted directly to the appropriate state or local enforcement agency.
If such a complaint is received by OVS, it will be forwarded accordingly.

This form may be submitted by mail or fax using the contact information above, or submitted by email to:
animalcare@vdacs.virginia.gov

SECTION 1 – COMPLAINANT INFORMATION			
Mr. Mrs. Ms. Ms.	Last Name Martin	First Name Tanya	Middle Initial M
Street Address 150 Cambridge Circle			Apt. or Suite Number
City Danville		State VA	Zip Code 24541
Telephone Number 434-489-1505		Email Address tmartin@horizontech.com	

SECTION 2 – SUBJECT OF COMPLAINT		
Subject Name (provide name of individual if subject is a private animal owner, or name of business, non-profit organization, or government agency) Danville Area Humane Society, Inc.		
Street Address 996 South Boston Road		
City Danville	State VA	Zip Code 24540
Telephone number (434) 799-0843	Website URL and/or Email Address www.dahsinc.com	

SECTION 3 – NATURE OF COMPLAINT

Please provide a detailed description of your complaint. Use additional sheets if necessary. You may also attach any supporting documentation in the form of a Word document, PDF, or photocopied image.

Please see the attached detailed description and supporting documentation.

SECTION 4 – RESOLUTION ATTEMPTED BY COMPLAINANT

Have you made direct contact with the subject of the complaint on this matter? Yes or No

If **yes**, name and title (if applicable) of person most recently contacted:

Please see the attached list

Person's telephone number

Please see the attached list.

List any other agencies or organizations you have contacted to attempt to resolve this particular complaint and the outcome:

A detailed list of the state agencies, Danville City government officials, and members of the Danville Area Humane Society board that have been contacted regarding the specifics of this complaint is attached.

SECTION 5 – DISCLAIMER

- All complaints, whether substantiated or not, will be retained within VDACS' records for five years from the date the complaint is received by VDACS. Afterward, VDACS will destroy the records in accordance with the Virginia Public Records Act, Virginia Code Section 42.1-76 et seq.
- Any information provided on this complaint form is subject to disclosure under the provisions of the Virginia Freedom of Information Act, Virginia Code Section 2.2-3700 et seq. For this reason, please do not provide any information of a sensitive personal nature on this form. If you wish to remain anonymous, please do not fill out the complainant information section.
- The information requested on this form and on any subsequent requests for additional information is subject to the Virginia Government Data Collection and Dissemination Practices Act, Va. Code Section 2.2-3800 et seq.
- By submitting this form, you authorize the Virginia Department of Agriculture and Consumer Services, and any other local, state or federal agencies with which we may work on this matter, to evaluate your complaint, to contact you, and to take whatever lawful actions are deemed appropriate with regard to your complaint.
- By submitting this form, you certify that the statements made herein or on any attached documentation are true and complete to the best of your knowledge, information, and belief.

Date: 08/13/2025

If you are completing this form electronically, please check this box:

(Revised June 2022)

Section 1 – Complainant Information

Tanya M. Martin

tmartin@horizontech.com

434-489-1505

150 Cambridge Circle

Danville, VA 24541

Cherie S. Tamson

zztamson@gmail.com

434-489-5045

528 S. Woodberry Avenue

Danville, VA 24540

Olivia Reid, DVM

reidoliviarose@gmail.com

7503 Woodley Road

Richmond, VA 23229

Section 3: Nature of Complaint:

According to their own records, Danville Area Humane Society did not sedate 20 of the animals they euthanized in 2023.

Directive 79-1 mandates that all animals undergoing euthanasia (except those critically injured, ill, or otherwise in emergent situations) must be given some form of chemical sedation. Danville Area Humane Society's AC6, written by their supervising veterinarian, utilizes acepromazine maleate as a single agent at appropriate doses. None of the euthanasia records provided by the shelter via FOIA and included with our complaint submitted on October 14, 2024 included evidence or documentation that certified shelter staff are administering the required sedative in cage (for cats) or in kennel (for dogs) as detailed in the AC6 on file at the shelter and required to be recorded by 18VAC110-20-580 (6).

Following the complaint and subsequent inspection of DAHS on 12/10/2024, it came to our attention that DAHS was adamant they sedated all animals prior to euthanasia. We requested the evidence of sedation that was supposedly withheld from the FOIA response by DAHS "by mistake" on May 1, 2025. DAHS proceeded to close their shelter for several days and refused to allow citizens to see the sedation records of the animals to prove their claims that they have always used sedation. On May 16, 2025, 16 days after submitting the FOIA request to DAHS again, we received copies of cage cards with sedation remarks notated on them, almost always in the bottom left corner of the cards. The shelter director was adamant that all euthanized animals received the sedation required by law prior to being euthanized and demanded an apology for saying otherwise. Based on the way the FOIA request was handled, the time it took to produce the records they supposedly had already, and the evidence found when we received the actual copies, we still disagree and firmly believe that DAHS did not sedate ANY animals prior to euthanizing them in 2023 and 2024.

Due to the horrific and cruel nature of this violation, we request this evidence, which we obtained by FOIA from Danville Area Humane Society, be considered as current due to the violation having been within the last 5 (five) preceding years from the complaint submitted on October 14, 2024. Our complaint should have called your agency to attention and immediate action. Yet the "routine" inspection by two VDACS inspectors on 12/10/2024 occurred almost two months after VDACS was made aware of numerous, heinous violations of the laws and still did not find these violations due to the inspectors' limited scope of paperwork and policy inspection (even after being given a year of paperwork from DAHS as evidence) and being presented with fraudulent records during said inspection.

The following excerpts from emails and social media posts were written by Danville Area Humane Society Executive Director Paulette Dean dictate in her own words and in writing what their procedures for recording sedation information entail and how long it took to copy the cage cards containing the sedation records.

From: Paulette Dean <dahsinc@yahoo.com>
Date: May 1, 2025 at 5:36:15 AM EDT
To: Cherie Tamson <zztamson@gmail.com>
Subject: Re: Missing Data from Sept 16, 2024 FOIA

I am choosing words carefully because in my experience, you believe in sharing conversations that had been thought to be private.

Yes, I freely admit that the mistake was mine. In September 2024, we were navigating our way through uncharted waters of a campaign of harassment. So, when I received your email, my eyes may have read it correctly, but my brain recorded it as "intakes and euthanasia log book."

In an effort to be cooperative, we even gave you a discount. I am personally going to pay DAHS for the significant amount of time it will take to make copies of the sedation records.

Because we will still be operating a shelter and our other programs, we anticipate we will have the copies ready on Friday, May 16th, at noon.


Will we receive a public apology for the very public accusation we do not euthanize? The hateful messages, calling for our deaths, have started again.

Finally and personally, it has surprised me that you, a woman who loves honesty, allows such lies and false accusations to be spread. I am not only referring to the sedation, but to the comments people make about reasons they were declined for adoptions, as well as very false comments made about me. I am the first to say I certainly make mistakes, but I am not guilty of most of what is said.

I chose my words carefully. We can't defend ourselves item by item because then we would be accused of being the bullies.

Paulette Dean
Danville Area Humane Society

Sent from my iPhone

 **Danville Area Humane Societ...** · Follow
4h · 🌐

A valid question about FOIA requests has been asked and we will respond publicly. 3.2-6557 of Virginia Code is specific about what information needs to be recorded on animals received by public shelters, private shelters, and foster based rescues. Further, the law is: Records required by this subsection shall be maintained for at least five years and shall be available for public inspection upon request. A summary of such records shall be submitted annually to the State Veterinarian in a format prescribed by him.

We have asked other shelters (public and private) as well as foster based rescues how they handle the public inspection of the records. Everyone agreed that doesn't mean the public has the right to come in at any time and look. Some require an appointment, some do not allow pictures or notes be taken, and others require a staff member or volunteer be in the room at all times.

If people want copies or digital records, they normally send a FOIA request.

The sedation record request we are working on now is being handled this way: We remove the staples that attach the cage card to the intake record. A copy is made. The name of the employee is redacted on the copy and another copy is made. Since the requested period is from January 1, 2023-September 1, 2024, we estimate there are close to 2,000 records. (Remember, that is an estimate.) All of that takes time.

We posted that explanation this past Monday. The FOIA requester sent an email, claiming we did not fulfill all the FOIA request. She had also requested the information about sedation.

The fault was mine and only mine. My eyes read the request, but my brain evidently focused only on the custody records and euthanasia logbook. We, in fact, had sought a legal opinion on whether we could redact employee names from the euthanasia records and we did.

I am so sad that my mistake of misreading the FOIA request resulted in an additional outpouring of hate from all around the state. Shelter staff members do not deserve to read that they deserve to die.

We will, therefore, complete the FOIA request. Since the fault was mine and the cost of copying the sedation records was not included in our invoice, I have told my board that I will personally pay for the employees' time and the cost of making copies.

The adoption areas will re-open on Saturday, May 10th, at noon.

Despite making several public statements about how they sedate all the animals prior to euthanizing them, that the sedation information required is written on the cage cards of each individual animal, and that they will complete the FOIA request to prove it, there is no record of sedation being given to the following dogs, puppies, cats and kittens; for a total of 20 animals that suffered when they were killed. The copies of these cage cards and custody records are attached to this complaint. The animal custody record numbers of the animals subjected to this cruelty are as follows:

Custody Record Number	Intake Date	Euthanasia Date
31750	11/9/2022	1/24/2023
32292	1/23/2023	1/31/2023
32383	2/6/2023	2/28/2023
32605	3/14/2023	3/30/2023
32625	3/20/2023	3/31/2023
32626	3/20/2023	3/31/2023
32827	4/14/2023	4/15/2023
33417	5/30/2023	6/8/2023
33828	6/27/2023	6/28/2023
34254	8/2/2023	8/4/2023
34267	8/3/2023	8/7/2023
34352	8/9/2023	8/15/2023
34434	8/18/2023	8/28/2023
34477	8/23/2023	8/28/2023
35166	10/10/2023	10/12/2023
35167	10/10/2023	10/12/2023
35529	11/22/2023	11/23/2023
34629	12/6/2023	12/12/2023
35554	12/7/2023	12/19/2023
35602	12/14/2023	12/18/2023

Section 4: Resolution Attempted by Complainant

We have been contacting individuals associated with Danville Area Humane Society via social media for the last year and a half. We have also appeared before Danville City Council on separate occasions to speak about these issues and request their assistance.

Most importantly, however, on October 14, 2024, we submitted a lengthy complaint with each potential violation cataloged in an excel spreadsheet and accompanied by over 2,600 pages of evidence to VDACS, the Office of the State Veterinarian (Dr. Bissett), and the Virginia Board of Pharmacy regarding Danville Area Humane Society, Inc. (DAHS) and alleging they committed the following violations of the Code of Virginia in 2023:

- 423 separate instances of animals listed on custody records as stray, animals listed as stray with notes showing evidence of identification, and animals listed as being subject to a bite quarantine of 10 days, being euthanized prior to the hold period provided by § 3.2-6546 C. **[Found and resulted in a critical violation in VDACS inspection on 12/10/2024]**
- 2,200 custody records, representing 3,575 custody record numbers, with approximately 160 records missing and 754 records containing multiple animals in violation of § 3.2-6557 B.
- 217 custody records with errors involving intake dates, species descriptions, custody reasons, identification notes, and disposition dates in violation of § 3.2-6557 B.
- 24 records that had dispositions recorded on custody records as adopted, transferred or returned to owner appear in the euthanasia logs as having been euthanized, in violation of § 3.2-6557 B.
- 48 separate instances where it was noted that animals were sick, unweaned, and/or injured, yet were not euthanized for some period of time, indicating possible cruelty in violation of § 3.2-6566.
- 25 instances of animals being accepted by DAHS from other states without evidence of a health certificate in violation of 2VAC5-141-80 E.
- More than 1,700 animals were listed as stray on the DAHS custody records, yet less than 20 animals show evidence of being checked for a microchip, in violation of § 3.2-6585.1. **[Found and resulted in a non-critical violation in VDACS inspection on 12/10/2024]**
- Euthanasia of animals does not meet the written protocols established and approved by the State Veterinarian or the shelter's own supervising veterinarian in violation of § 54.1-3423 E. **[Found and resulted in a non-critical violation in VDACS inspection on 12/10/2024]**
- No evidence or documentation that certified shelter staff are administering the required sedative as detailed in the AC6 on file at the shelter and required to be recorded by 18VAC110-20-580 (6).
- The certificates for two of the three staff members that perform euthanasia at DAHS do not have the required box checked indicating that the supervising veterinarian believes they have demonstrated competency in understanding and applying State Veterinarian's Directive 79-1, Methods Prescribed or Approved for Animal Euthanasia, the absence of which invalidates

their certification pursuant to 18VAC110-20-580 (2). **[Found and resulted in a non-critical violation in VDACS inspection on 12/10/2024]**

- There are a significant number of cases where the volume of euthanasia solution given was greater than the animal's weight in pounds. **[Found and resulted in a non-critical violation in VDACS inspection on 12/10/2024]**
- The euthanasia logs kept by DAHS do not meet the requirements of Virginia Administrative Code 18VAC110-20-580 (6). **[Found and resulted in a non-critical violation in VDACS inspection on 12/10/2024]**

As noted above, a routine inspection of Danville Area Humane Society by VDACS on December 10, 2024, **almost 2 months after** our complaint of the numerous and egregious potential violations with over 2,400 pages of evidence was received by this agency, found several of these violations to be valid while only looking at one week of documentation. Danville Area Humane Society was found guilty of several violations, including a critical violation that resulted in the deaths of four puppies prior to their hold period being met. Despite the numerous violations found in just a week's worth of DAHS paperwork and documentation, VDACS did nothing other than to write a report citing the violations and allow DAHS to lie their way out of the penalty. The following is an excerpt from the letter sent by H. Lane Songer, DVM, in response to his revocation of the fine associated with the critical violation:

“Although the penalty has been rescinded, Danville Area Humane Society Public Animal Shelter’s violation of § 3.2-6546, subsection C will remain on file. The Office of Veterinary Services Civil Penalty Matrix (Enclosure 3) provides for an escalating penalty assessment based on the number of repeat violations for the same factual basis within the preceding five calendar years. If your corrective action plan is not implemented and the same violation is cited in future inspections, the assessed civil penalty may be up to \$1,000.00 per day starting the date of your last inspection, December 10, 2024, and continuing until the date of your next inspection.”

As Dr. Songer stated in his letter rescinding the fine imposed on DAHS for violating the animal care laws of Virginia, the Office of Veterinary Services Civil Penalty Matrix *“provides for an escalating penalty assessment based on the number of repeat violations for the same factual basis within the preceding five calendar years”* yet none of the evidence and proof of numerous violations we submitted to VDACS, the State Veterinarian or the Virginia Board of Pharmacy was acted upon. What is the purpose of a complaint process if the agencies with the power to inspect and act on public animal shelters that are violating state law do not do so; or more aptly pick and choose who they will use their law-given power on? Our previous complaint which contained the exact proof of nearly every violation Danville Area Humane Society has committed against the animals in their care and nearly all of which were found in ONE DAY of inspection by this agency.

Why is VDACS, the Office of Veterinary Services and the Virginia Department of Pharmacy letting Danville Area Humane Society off the hook, when every other shelter in Virginia must adhere to the animal care laws or face strict penalties and/or fines? For example:

Brunswick County Animal Shelter, January 2023

The State Office of Veterinary Services found multiple violations at the Lawrenceville shelter. Those violations included; animals not appropriately fed, the facility not kept clean, dry, and sanitary,

adequate care not provided for seven dogs confined in the facility at the time of the inspection, animals euthanized in a manner that does not comply with methods established by the state veterinarian. "They did a very thorough, detailed inspection and found numerous, numerous deficiencies," according to Brunswick County Supervisor John Zubrod.

Charlottesville-Albemarle County SPCA, February 2023

A Virginia Department of Agriculture inspection found repeated violations of state law at Charlottesville-Albemarle SPCA, including several documents at the shelter that were missing information required by state law. According to a February 15, 2023 article entitled "Who keeps watch over Virginia's animal shelters?" on WVTF.org, the Department of Agriculture and Consumer Services employs two inspectors who spend a few hours, even a day reviewing shelter operations. They report to veterinarian Carolynn Bissett. "If we see violations then we're going to inspect more frequently, but on average it's about every 12-18 months." In 2019 an inspector said CASPCA had no critical violations but did not have adequate procedures for deciding if dogs or cats needed veterinary treatment, for controlling contagious and infectious diseases and for managing sick animals. In 2021 the inspector accused CASPCA of poor record-keeping, but Bissett said violations of this kind usually result in a warning or small fine. "Fifty to \$100. They can go up to even \$1,000 per violation, but that can be per day, so if we have a really serious situation which we haven't gotten into in my tenure here, those certainly could mount up."

What constitutes a "really serious situation" in Dr. Bissett's opinion? Thousands of violations in a year that were discovered by regular citizens and submitted to VDACS and all other agencies in a spreadsheet with over 2,400 pages of evidence to prove them and perpetrated by the highest kill shelter in the state of Virginia and the United States for animal shelters that take in more than 2,000 animals a year...would that be considered a "really serious situation"?

As constituents of the Commonwealth of Virginia, we expect the evidence contained in this complaint and any subsequent complaints brought to the attention of your agency and all others tasked with "inspecting public animal shelters for the purposes of determining if a violation of any state law governing the care, control or protection of animals" to be treated as such. We expect swift and immediate action concerning the unlawful acts being committed by our city's public animal shelter, Danville Area Humane Society, which we have once again brought to your attention, and we do so on behalf of the companion animals that have suffered and died at the hands of the animal shelter that *by statute* must protect them. Any action less than the most severe afforded to an agency tasked with upholding the animal care laws of the Commonwealth is evidence of corruption, incompetence, and engagement of collusion by VDACS and the Office of the State Veterinarian. There is no other logical reason why your agencies would permit these atrocities to continue. Your jobs are to protect the companion animals of the Commonwealth of Virginia and we expect you to do your jobs on each and every complaint you are about to receive, lest you relinquish your positions and allow unbiased and impartial persons of caliber to investigate our complaints.

The following is a list of other contacts that we have had some dialogue with concerning these issues.

Danville Area Humane Society, Inc.:

Kathleen Contratto, DAHS Board President dahsinc@yahoo.com 434-799-0843

Aaron Stainback, DAHS Board Member aaron_stainback83@yahoo.com 434-799-0843

Ms. Paulette Dean, Shelter Director dahsinc@yahoo.com 434-799-0843

Danville City Government:

Ken Larking, City Manager klarking@danvilleva.gov 434-799-5100

Alonzo Jones, Mayor alonzo.jones@danvilleva.gov 434-797-8928

Dr. Gary Miller, Vice Mayor gary.miller@danvilleva.gov 434-799-0908

James Buckner, Councilman james.buckner@danvilleva.gov 434-688-1589

Larry Campbell, Jr. Councilman larry.campbell@danvilleva.gov 434-228-3664

Bryant Hood, Councilman bryant.hood@danvilleva.gov 434-429-5698

Barry Mayo, Councilman barry.mayo@danvilleva.gov 434-792-1041

Sherman Saunders, Councilman sherman.saunders@danvilleva.gov 434-799-8737

Lee Vogler, Councilman lee.vogler@danvilleva.gov 434-548-5335

Madison Whittle, Councilman madison.whittle@danvilleva.gov 434-251-0926

Evidence

The following pages are the copies of custody records and cage cards given to us by Danville Area Humane Society in response to our FOIA requests. Each custody record has the animal's custody number highlighted and is followed by the cage card for that animal, which clearly shows no indication of the animal having been given a sedative prior to them being euthanized by DAHS staff.

Danville Police Department Animal Control Unit (434) 548-3017	ANIMAL CUSTODY RECORD <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.	31749 31750	CUSTODY DATE	11/9/22	TIME	9:30 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	
		2				

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	- Unlawful tethering seizure (F) Fly Bites - Jasmine & Alex (M)
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
canine ^{x2}	rott ^{x2}	brn/blk ^{x2}	M F	2yr ^{x2}	80lbs ^{x2}	?

ANIMAL IDENTIFICATION (Mark all that apply, or indicate "None")				
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
None	None	None	tan ^{x2}	None Det

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE 391	11/9/22

DISPOSITION OF ANIMAL	DATE
Euth	1-24-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by 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 AREA HUMANE SOCIETY, INC.



31750

ANIMAL REPORT FORM

Date 11-9-22 Warden Private Society

Species Canine Sex F Approx. Age 2 yrs Color BRN Approx. Wt. 8# Breed Rott

Date Available See ACO Name Jasmine Seizure Reason See ACO

Lic./Tag/Tattoo/Collar/Chip TAN Owner _____

Disposition: Euthanized 6cc + 3cc

Adopted _____

Return to _____

Date 1-24-27 No. of days _____ Fee _____

80+



Danville Police Department

Animal Control Unit

32292 (434) 548-3017

ANIMAL CUSTODY RECORD

This form includes all mandated information as required by §3.1-796.106.5 of the Code of Virginia.

with

CASE NO.	32291 32290	CUSTODY DATE	1-23-23	TIME	10:00 AM / PM
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REASON FOR CUSTODY (mark appropriate box)

Stray	Owner Surrender	Seized	Elite Case	Transfer from other locality/facility	Other
x3					

LOCATION WHERE CUSTODY WAS TAKEN



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Telephone:

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX AGE	APPROX WEIGHT	OTHER
x3 Feline	domestic short hair x3	1 Calico 2 tort	x2 F	8 months	10#	None

CITY/COUNTY LICENSE NUMBER	NAMES TAG NUMBER	TATOO	COLOR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
None	None	None	None	None det

CUSTODY RECORD PREPARED BY

DATE

SIGNATURE & TITLE

391

1/23/23

DISPOSITION OF ANIMAL

DATE

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.106.5 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 AREA HUMANE SOCIETY, INC.

32292

ANIMAL REPORT FORM

Date 1-23-23 Warden Private Society

Species Felid Sex M Approx. Age 8 mos Color Blk Approx. Wt. 10# Breed DSH

Date Available 1-30-23 Name _____ Seizure Reason STRAY

Lic./Tag/Tattoo/Collar/Chip _____ Owner _____

Disposition Euthanized 3 _____

Adopted _____

Return to _____

Date 1-31-27 No. of days _____ Fee _____



NAME	AM/PM	CUSTODY DATE	02/06/23	I.D. Case/No.	32383
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN 32384	
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 Not Able		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	APPROX. AGE	APPROX. WEIGHT	OTHER
5 feline	DLH	Grey - m - 2 spots Bk - m	24 mos 32 yrs	Small for All info	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>Ann James - sc</i>				02/06/23	
DISPOSITION OF ANIMAL				DATE	
32383, 32384 euth				2-21-23	

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

X Sign _____

32383

DANVILLE AREA HUMANE SOCIETY, INC.

ANIMAL REPORT FORM

Date 02-06-23 Warden _____ Private Society _____

Species Feline Sex F Approx. Age 2 yrs Color Tab Approx. Wt. 12# Breed DLH

Date Available 02-07-23 Name I KO Seizure Reason OR

Lic./Tag/Tattoo/Collar/Chip _____ Owner

Disposition: Euthanized 3

Adopted _____

Return to _____

Date 2-8-23 No. of days _____ Fee 12 

TIME	7:00 ^(A) M/PM	CUSTODY DATE	3/14/23		I.D. Case/No.	32605 ¹⁰⁹⁷	
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other		
✓					Shelter		
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
Telephone:				drop off			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
(3) Canine	beagle x ?	(2) tan/cream (1) brown/black	2 mos m/f 3 f 1yr	3 mos	5# 20# 20#		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
		none	none	None detected			
CUSTODY RECORD PREPARED BY						DATE	
SIGNATURE & TITLE <i>Rebecca Smith</i>						3/14/23	
DISPOSITION OF ANIMAL						DATE	
Euth... 32607. 32605						3-30-23	

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

Name _____ Date _____

Address _____ Telephone _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

DANVILLE AREA HUMANE SOCIETY, INC.



32605

ANIMAL REPORT FORM

Date 03-14-23 Warden _____ Private _____ Society

Species Carline Sex M Approx. Age 3 mos Color tan Approx. Wt 5# Breed Beagle

Date Available 03-21-23 Name _____ Seizure Reason STRAY

Lic./Tag/Tattoo/Collar/Chip _____ Owner _____

Disposition Euthanized 3

Adopted _____

Return to _____

Date 1-10-27 No. of days _____ Fee

54

1:27 AM/PM CUSTODY DATE 03-20-23 I.D. Case/No. 32625-20a
32624

REASON FOR CUSTODY (mark appropriate box) LOCATION WHERE CUSTODY WAS TAKEN 32627

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

Shelter

OWNER'S NAME & ADDRESS (if known) ADDITIONAL INFORMATION
 Telephone: unknown Sound on 29 North

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Husky → Labx	BRN TAN @ BLK white Paw - BLK →	F	1 yrs 6 wks	40# 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 Detected

CUSTODY RECORD PREPARED BY: Ann Janner - Sec DATE: 03-20-23

DISPOSITION OF ANIMAL: DDA / euth x 2 DATE: 3/31/23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 788-2483, P.O. Box 1163, Richmond, VA 23218.

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

Characteristics: Good with children OK 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? Ret Center said NO because farm IN city
 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 AREA HUMANE SOCIETY, INC.

32625

ANIMAL REPORT FORM

Date 03-20-23 Warden _____ Private _____ Society

Species Canine Sex F Approx. Age 1 1/2 Color BRN Approx. Wt. 40 Breed HUSKY

Date Available 03-27-23 Name _____ Seizure Reason STRAY

Lic./Tag/Tattoo/Collar/Chip _____ Owner _____

Disposition: Euthanized 6-12-9-

Adopted _____

Return to _____

Date 3-31-23 No. of days _____ Fee 40-

DANVILLE AREA HUMANE SOCIETY, INC.

32626

ANIMAL REPORT FORM

Date 03-20-23 Warden _____ Private _____ Society

Species Canine Sex F Approx. Age 1 1/2 Color WHT Approx. Wt. 20 Breed LADY

Date Available 03-27-23 Name _____ Seizure Reason STRAY

Lic./Tag/Tattoo/Collar/Chip _____ Owner _____

Disposition: Euthanized 3-

Adopted _____

Return to _____

Date 3-31-23 No. of days _____ Fee 2-

TIME	6:15 AM/PM	CUSTODY DATE	4-14-23	I.D. Case/No.	32825 32826	32827
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"/>					Drop Off	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Unknown				Unweaned		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Feline	DSH	1 - Calico 1 - Grey Tabby 1 - Black & white	1 - F 2 - M	3 wks	2oz	
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					4-14-23	
DISPOSITION OF ANIMAL					DATE	
Euth					4-15-23	

3x

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 _____

DANVILLE AREA HUMANE SOCIETY, INC.

32827

ANIMAL REPORT FORM


Date 4-14-23 Warden _____ Private _____ Society

Species K Sex F Approx. Age 3 wks Color Calico Approx. Wt 2oz Breed DH


Date Available _____ Name _____ Seizure Reason DO

Lic./Tag/Tattoo/Collar/Chip _____ Owner _____

Disposition: Euthanized 1/2cc unweaned

Adopted _____ 

Return to _____

Date 4-15-23 No. of days _____ Fee 

TIME 11 (AM) PM CUSTODY DATE 5/30/23 I.D. Case/No. 33417
33418

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

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

Shelter

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

Telephone: unknown Sunday Rude wood

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
<u>24 Canine</u>	<u>Boston Terrier</u>	<u>Black & white</u>	<u>F</u>	<u>1yr.</u>	<u>30^{lbs}</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>BIK-Both</u>	<u>None detected</u>

CUSTODY RECORD PREPARED BY Ann Janner - sec DATE 5/30/23

DISPOSITION OF ANIMAL DATE

Euthx2 6-8-23

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

Name: [Redacted] Date 5/30/23
 Address: [Redacted] Telephone: [Redacted]

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

STATEMENTS OF SURRENDER

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

Signature [Redacted] Or


- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 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 AREA HUMANE SOCIETY, INC.

33417

ANIMAL REPORT FORM

Date 05/30/23 Warden _____ Private BIEN Society
Species Canine Sex F Approx. Age 14 Color Wn Approx. Wt. 30# Breed Border Collie
Date Available 06/06/23 Name _____ Seizure Reason STRAY
Lic./Tag/Tattoo/Chip BIK Owner _____
Disposition Euthanized
Adopted _____
Return to _____
Date 6-8-23 No of days _____ Fee 

TIME	2:45 AM/PM	CUSTODY DATE	06-27-23	I.D. Case/No.	33821 93822	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
X					Shelter	
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
Telephone: unknown			TRAPPING			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
7x feline	DSH	White + F 2 yrs @ 914m @ 12/12/21 F	3 F 4 M	2 yrs 8 wks	1/2#	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None detected		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE <i>Cornel J. Jones - Sec</i>				06-27-23		
DISPOSITION OF ANIMAL				DATE		
Euth				6-28-23		

This form may be used by animal control officers, employees of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 296-2483, P.O. Box 1183, Richmond, VA 23218.

Name: _____ Date: 06-27-23

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 Darville Area Humane Society.

Signature: _____

Or

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

Signature: _____

DANVILLE AREA HUMANE SOCIETY, INC.

OM

33828

ANIMAL REPORT FORM

Date 06-27-23 Warden _____ Private _____ Society

Species feline Sex M Approx. Age sux Color gray Approx. Wt. 1 1/2 # Breed DGH

Date Available 07-04-23 Name _____ Seizure Reason STRAY

Lic./Tag/Tattoo/Collar/Chip _____ Owner _____

Disposition: Euthanized 1/2

Adopted _____

Return to _____

Date 0-2-23 No. of days _____ Fee _____



Danville Police Department Animal Control Unit (434) 548-3017	ANIMAL CUSTODY RECORD <small>This form complies with the requirements of §3.1-796.105.B of the Code of Virginia.</small>
--	--

CASE NO.	34254 34255	CUSTODY DATE	8-2-23	TIME	6:13 AM <input checked="" type="checkbox"/> PM
----------	---------------------------	--------------	--------	------	--

REASON FOR CUSTODY (check appropriate box)					
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	2	2			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	* Must speak to Aco Blank *
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
feline	DMH	Blk/whit	F	6 weeks	0.5 lbs	now
	DMH	Grey/whit	M	6 months	2 lbs	now

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

CUSTODY RECORD PREPARED BY	DATE
SIGNATURE & TITLE <i>Aco I.D. Blank MDH 772</i>	8-2-23

DISPOSITION OF ANIMAL	DATE
<i>with</i>	8-4-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §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) 786-2423, P.O. Box 1163, Richmond, Virginia 23218.

Sumner

DANVILLE AREA HUMANE SOCIETY, INC.

34254

ANIMAL REPORT FORM

Date 08-2-23 Warden _____ Private Society _____

Species Feline Sex F Approx. Age 1 wks Color Blk Approx. Wt. 0.5# Breed DMK

Date Available 08-03-23 Name _____ Seizure Reason OR

Lic./Tag/Tattoo/Collar/Chip _____ Owner

Disposition: Euthanized 3c

Adopted _____

Return to _____

Date Y421 No. of days _____ Fee _____ 

TIME	AM/PM	CUSTODY DATE	8-3-23		LB. Case/No.	34207 34268
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN 342 69	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	shelty
	X					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]				[REDACTED]		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
3 feline	DSH	white tan grey black	am IF	4 wks	1#	non
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
none	none	none	none	none detail		
CUSTODY RECORD PREPARED BY					DATE	
Signature & Title: [Signature]					8-3-23	
DISPOSITION OF ANIMAL					DATE	
[Signature]					8-7-23	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 785-2483, P.O. Box 1163, Richmond, VA 23218.

Name: [REDACTED] Date: 8-3-23

Address: [REDACTED] Telephone: [REDACTED]

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature: [Signature]

DANVILLE AREA HUMANE SOCIETY, INC.

34267

ANIMAL REPORT FORM

Date 08-03-23 Warden _____ Private Society _____

Species feline Sex M Approx. Age 4 yrs Color white Approx. Wt. 1# Breed DSH


Date Available 08-04-23 Name _____ Seizure Reason DR

Lic./Tag/Tattoo/Collar/Chip _____ Owner

Disposition: Euthanized luc

Adopted _____

Return to _____

Date 8-22 No. of days _____ Fee _____ 

TIME	4:30 AM	CUSTODY DATE	08-09-23	I.D. Case/No.	34351 34352	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
Stray	<input checked="" type="checkbox"/> 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
2x Seline	DSH	gray + ab	F	11 mos 1 mos	25# 24	None
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None detected		
CUSTODY RECORD PREPARED BY				DATE		
SIGNATURE & TITLE <i>Ann Janner Lee</i>				08-9-23		
DISPOSITION OF ANIMAL				DATE		
with [Redacted]				8-15-23		

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

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children _____ Lived Inside/Outside Housebroken _____
 Disposition _____ Health _____ Gets along well with other pets _____
 Did you contact another shelter about this animal? 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 Darville Area Humane Society.

Signature _____

Or

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

Signature _____

34352

DANVILLE AREA HUMANE SOCIETY, INC.

ANIMAL REPORT FORM

Date 08-09-23 Warden _____ Private Society _____

Species Feline Sex F Approx. Age 1 mos. Color SNYAB Approx. Wt. 2# Breed DSH

Date Available 08-10-23 Name _____ Seizure Reason DR

Lic./Tag/Tattoo/Collar/Chip _____ Owner

Disposition Euthanized 3--

Adopted _____

Return to _____

Date 8/5/22 No. of days _____ Fee 2

TIME	3:20 AM/PM	CUSTODY DATE	8-18-23	LD. Case No.	34431 34432 34433	34430
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"/>				JAHS	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[Redacted] Martinsville, VA 24112				Orange - M Gray Tabby - M		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
5 Feline	DS17	Gray tabby Tail BIK/white	F	2wk	6	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")						
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)		
None	None	None	None	None dot		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <i>May 7 Amuth</i>					8-18-23	
DISPOSITION OF ANIMAL					DATE	
<i>12 with x5</i>					8-28-23	

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

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children _____ Lived inside/outside _____ Housebroken _____

Disposition _____ Health _____ Gets along well with other pets _____

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

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

DANVILLE AREA HUMANE SOCIETY, INC.

34434

ANIMAL REPORT FORM

Date 8-18-23 Warden _____ Private Society _____

Species Feline Sex M Approx. Age 5 Color Orange Approx. Wt. _____ Breed DSI

Date Available _____ Name _____ Seizure Reason OR

Lic./Tag/Tattoo/Collar/Chip _____ Owner _____

Disposition: Euthanized lc

Adopted _____

Return to _____

Date 8-25-23 No. of days _____ Fee _____

TIME	11:10 AM/PM	CUSTODY DATE	8-23-23	I.D. Case No.	34474 34477
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]			He's Been Feeding Them.		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Feline	DSH	100% Black white	2-F	12wks	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	
CUSTODY RECORD PREPARED BY				DATE	
SIGNATURE & TITLE <i>Ann Turner-Soc</i>				08-23-23	
DISPOSITION OF ANIMAL				DATE	
<i>with v2</i>				8-28-23	

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

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children — Lived Inside/Outside Outside Housebroken NO
 Disposition _____ Health OK Gets along well with other pets Y/S
 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]

DANVILLE AREA HUMANE SOCIETY, INC.

34477

ANIMAL REPORT FORM

Date 08-23-23 Warden _____ Private Society _____

Species Feline Sex F Approx. Age 12 wks Color Tort Approx. Wt 3^{lb} Breed DSH

Date Available 08-24-23 Name _____ Seizure Reason OR

Lic./Tag/Tattoo/Collar/Chip _____ Owner

Disposition: Euthanized ?

Adopted _____

Return to _____

Date 8/24/23 No. of days _____ Fee _____ 

TIME	4:15 AM/PM	CUSTODY DATE	10-10-23	LD. Case No.	35165 35166	3516
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	
	X				DASH	
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
Telephone:				Breed COCO Tri Triton Blue-Nova		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
3x Canine	Pit	Bred Tri Blue	2F/TM	2yrs	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 det.		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE					DISPOSITION OF ANIMAL	
					Date	
					10-12-23	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 785-2483, 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.

X Signature _____

DANVILLE AREA HUMANE SOCIETY, INC.

A 35166

ANIMAL REPORT FORM

Date 10-10-23 Warden _____ Private Society _____

Species Canine Sex M Approx. Age 2yr Color Tri Approx. Wt 50# Breed pit

Date Available 10-11-23 Name [REDACTED] Reason OR

Lic./Tag/Tattoo/Collar/Chip _____ Owner _____

Disposition: Euthanized [REDACTED] maybe blind in one eye

Adopted _____

Return to _____

Date 10-12-23 No. of days _____ Fee [REDACTED]

DANVILLE AREA HUMANE SOCIETY, INC.

A 35167

ANIMAL REPORT FORM

Date 10-10-23 Warden _____ Private Society _____

Species Canine Sex F Approx. Age 3yr Color Blue Approx. Wt 50# Breed pit

Date Available 10-11-23 Name [REDACTED] Reason OR

Lic./Tag/Tattoo/Collar/Chip _____ Owner _____

Disposition: Euthanized [REDACTED]

Adopted _____

Return to _____

Date 10-12-23 No. of days _____ Fee [REDACTED]

TIME	2:55 AM	CUSTODY DATE	11-22-23	ID.	35525
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
[REDACTED]					
ANIMAL DESCRIPTION					
BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
DSH	4 tabby, black	4m 1SP	3y 3m 3y 2y 7m	15#	
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")					
COUNTY 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 [Signature]					11-22-23
[REDACTED]					DATE
[REDACTED]					DATE

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Date

Phone _____
 Broken _____
 With other pets _____
 They decline to accept? _____
 10 days? _____

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

X Signature _____

DANVILLE AREA HUMANE SOCIETY, INC.

35529

ANIMAL REPORT FORM

Date 11-22-23 Warden _____ Private _____ Society _____

Species Cat Sex m Approx. Age 2y Color Wb Approx. Wt 15 Breed DSH

Date Available 11-23-23 Name Peanut Seizure Reason OR

Lic./Tag/Tattoo/Collar/Chip _____ Owner _____

Disposition: Euthanized 2

Adopted _____

Return to _____

Date 11-23-23 No. of days _____ Fee _____



TIME	10:50 AM/PM	CUSTODY DATE	12-6-23	I.D. Case/No.	34629
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
	X				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION		
Telephone: Drop off			Bandit owner moving		
ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT
Canine	Chow X	tan/BK	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	not detected.	
CUSTODY RECORD PREPARED BY					DATE
SIGNATURE & TITLE <i>Alta ICA</i>					12-6-23
DISPOSITION OF ANIMAL					DATE
Euth					12-12-23

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 786-2463, P.O. Box 1163, Richmond, VA 23218.

Name: _____ Date: _____
 Address: _____ Telephone: _____

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

STATEMENTS OF SURRENDER

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

Signature _____

Or

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

Signature _____

~~DANVILLE AREA HUMANE SOCIETY, INC.~~ 

34629

ANIMAL REPORT FORM

Date 12-06-23 Warden _____ Private Society _____

Species CANINE Sex M Approx. Age 6Y Color tan Approx. Wt. 45# Breed Chow X


Date Available 12-09-23 Name  Seizure Reason 012

Lic./Tag/Tattoo/Collar/Chip _____ Owner

Disposition: Euthanized 6--

Adopted _____

Return to _____

Date 12-12-27 No. of days _____ Fee 45 

11.45 (AMP) CUSTODY DATE		12-07-23		LD. Case/No. 35553 35554		
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]			Hanging Around for #-Weeks She Can't Keep these			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
Canine	Hound/Kab	Tan-Black Beau	M	4.5 mos	25# 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 det		
CUSTODY RECORD PREPARED BY					DATE	
SIGNATURE & TITLE <u>Ann Jamesic</u>					12-07-23	
DISPOSITION OF ANIMAL					DATE	
Euth x 2					12-9-23	

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 786-2463, P.O. Box 1163, Richmond, VA 23218.

Name _____ Date _____

Address _____ Telephone _____

Characteristics: Good with children Not sure Lived Inside/Outside Housebroken NO
 Disposition OK Health OK Gets along well with other pets Not Cats
 Did you contact another shelter about this animal? YES Why did they decline to accept? Halifax-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 _____

DANVILLE AREA HUMANE SOCIETY, INC

35554

ANIMAL REPORT FORM

Date 12-07-23 Warden _____ Private Society _____

Species Canine Sex M Approx. Age 4.5 mo Color Black Approx. Wt 25 lb Breed Hound X

Date Available 12-08-23 Name [REDACTED] Seizure Reason OR

Lic./Tag/Tattoo/Collar/Chip _____ Owner

Disposition: Euthanized 9cc

Adopted _____

Return to _____

Date 12-19-23 No. of days _____ Fee _____

TIME	3	AM/PM	CUSTODY DATE		12-14-23	I.D. Case/No.	35599-107 35600
REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN	
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	35601 35602 Shelter	
	X						
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[REDACTED]				CAN'T KEEP			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER	
4x Feline	DSH	3 ORG 1-BLK white	m	10-11 wks	1 1/2		
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")							
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)			
None	None	None	None	None dot.			
CUSTODY RECORD PREPARED BY:						DATE:	
SIGNATURE & TITLE						DATE	
Ann Turner-Sec						12-14-23	
DISPOSITION OF ANIMAL						DATE	
Euth x 4						12-18-23	

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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 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]

DANVILLE AREA HUMANE SOCIETY, INC.

35602

ANIMAL REPORT FORM

Date 12-14-23 Warden _____ Private Society _____

Species Spine Sex M Approx. Age 12-13 Wks Color BK Approx. Wt. 1/2 Breed DST

Date Available 12-15-23 Name _____ Seizure Reason DR

Lic./Tag/Tattoo/Collar/Chip _____ Owner

Disposition: Euthanized 1/1

Adopted _____

Return to _____

Date 12-19-23 No. of days _____ Fee _____

