

## Animal Custody Record

*This form includes all mandated information as required by  
§3.1-796.105. B of the Code of Virginia.*

CASE NO.		Date Animal Taken		Time Animal Taken		AM	PM
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DESCRIPTION OF ANIMAL					
Species	Color/Markings	Breed	Sex	Approx. Age	Approx. Weight

REASON FOR CUSTODY <i>(Mark appropriate boxes)</i>						LOCATION WHERE ANIMAL TAKEN
Stray	Seized	Bite Case	Owner Surrender	Transfer From Other Locality/Facility	Other	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ANIMAL IDENTIFICATION <i>(Complete all that apply)</i>				
City/County License Number	Rabies Tag Number	Tattoo	Collar (Color/type/etc.)	Other ID (specify)

NAME & ADDRESS OF OWNER (IF KNOWN)
Telephone:

DISPOSITION OF ANIMAL

ADDITIONAL INFORMATION

DATE RECORD COMPLETED	SIGNATURE & TITLE

*This form may be used by custodians of any pound or shelter, representatives of a humane society, animal control officer or humane investigator to keep and maintain the information required by §3.1-796.105 B, 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 using the official Animal Record Form, VDACS-03144. Questions on the completion of this form may be directed to the Office of the State Veterinarian, P. O. Box 1163, Richmond, Virginia 23218.*