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**A Virginia Accredited Law Enforcement Agency**

Timbrook Public Safety Center  
231 East Piccadilly Street  
Winchester, VA 22601

Telephone: (540) 662-4131  
FAX: (540) 542-1314  
Website: [www.winchesterva.gov](http://www.winchesterva.gov)

TO: Virginia Department of Agriculture

REF: Animal Intake Policy 2025

The Winchester Police Department Animal Intake Policy is guided by the Code of Virginia Title 3.2 Agriculture Animal Care and Food; Chapter 65 Comprehensive Animal Care. Winchester Animal Control Officers are trained under code section 3.2-6556 requirements. Animal Control Officers recognized the need for possible intake dictated by Article 65 of the Code of Virginia regarding animal neglect, cruelty, abandonment, animal bite cases, animal seizure cases, and injury. In addition to Virginia Code, Winchester Police Department Animal Control Officers are guided by General order 2-62; Animal Control

ACO Supervisor CAPT M. BIELECKI

AGENCY NAME: Winchester Area SPCA 115 Featherbed Lane, Winchester VA 22601	<b>ANIMAL CONTROL CUSTODY RECORD</b> <i>This form includes all mandated information as required by §3.2-6557.B of the Code of Virginia.</i>
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ANIMAL ID		CUSTODY DATE	___/___/20___	TIME	AM / PM
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REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray/At Large (where animal was found)	Owner Surrender	Seized	Bite Case Quarantine	Other	Winchester Area SPCA 115 Featherbed Lane Winchester, VA 22601

OWNER'S NAME, ADDRESS, & PHONE NUMBER (if known)	ANIMAL CONDITION	ADDITIONAL INFORMATION

I hereby certify that I am the rightful owner of the above animal and surrender all property rights, ownership, and interests, if any, to the SPCA of Winchester, Frederick & Clarke Counties, and that no other person has a right of property in this animal. I understand that the animal may be immediately euthanized or disposed of by any method listed in Virginia Code Section 32-6546, D.1-5. I certify that to the best of my knowledge the animal has not bitten anyone in the last 10 days. I understand that I may not reclaim this animal and the final disposition will not be disclosed to me. The signer releases the SPCA, its agents and staff from all liability from the surrender of this animal.

Custody Record Date: \_\_\_\_\_ Signed: \_\_\_\_\_

ANIMAL DESCRIPTION							
Species	Breed	Color/markings	Sex	Approx. Age	Approx. Weight	Other	

ANIMAL IDENTIFICATION (check for all forms and complete all boxes. If not found, write NONE)				
City/county License number	Rabies tag Number	Tattoo	Collar (color, type, etc.)	Other identification (microchip, ID tag, etc.)

CUSTODY RECORD PREPARED BY:	DATE: ___/___/20___
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DISPOSITION OF ANIMAL	DATE: ___/___/20___
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Return 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