Must Stay up Front

VETERINARIAN INTITIALS HBB

CULPEPER COUNTY DEPARTMENT OF ANIMAL SERVICES PROTOCOL
CONTROL OF INFECTIOUS AND CONTAGIOUS DISEASE

Effective Date: 12/31/2017

OVERVIEW: This protocol shall be followed in order to identify and properly care for animals showing signs of infectious/contagious disease while controlling the transmission of disease to other animals in the shelter. This protocol is require by:

2VAC 5-111-30 Provision of veterinary treatment. "B. Each facility shall engage a licensed veterinarian to develop or ratify a protocol for the control of infectious and contagious disease and shall adhere to such protocol. Each facility shall provide a marked isolation room for the confinement of animals suffering from a contagious or infectious disease."

Licensed Veterinarian Name: (printed) Harry E Burchard DVM

Licensed Veterinarian Signature: Harry E Burchard DVM Date: DV 3/21/18

1. **FACILITY PREPAREDNESS**
   A. The director and/or shelter manager in charge of supervising the provisions of adequate veterinary care is properly trained and educated in basic animal care and the basic assessment of animal wellness. The director and/or shelter manager will ensure that all staff members and caretakers are properly instructed in the requirements of this protocol, and that reasonable means remain in place in advance (including animal transportation and veterinary provider payment arrangements) for events requiring veterinary care. The shelter manager will secure an alternate replacement for absences from duty during which he/she cannot be contacted for guidance regarding an animal wellness concern.
   B. The following resources will be maintained in the shelter at all times in a conspicuous, readily accessible manner for use by all staff members and caretakers:
      a. A contact list that includes: Director's names and telephone number, shelter manager's name and telephone number, the names, addresses and telephone numbers for local veterinary establishments; and the name, address, and telephone number of the nearest veterinary emergency facility.
      b. A copy of this protocol.
      c. A pet health manual and the HSUS Pet First Aid book.
      d. Animal First Aid supply kit containing vet wrap, gauze, bandage tape, thermometer, lubricant, etc.
2. **ANIMAL INTAKE EXAM**

   A. Upon arrival at the animal shelter, each animal will be examined for any signs of illness or injury, and the results will be documented on the attached "HEALTH INTAKE" form.

   B. Each animal will be assigned a folder for which all documentation, including, intake form, evaluation, vaccination records, etc. will be kept. A daily monitor log for each animal will be assigned and kept in file holder located closest to the area in which the animal is housed.

C. All animals arriving at the shelter will be immediately evaluated, scanned for microchipping, checked for collar/tags, tattoos, ear tipping etc., photographed, and weighed.

D. Any animal showing signs of potentially infectious/contagious disease will be immediately housed in a clean, disinfected, dry enclosure in the isolation room. Signs of potentially infectious/contagious disease include, but are not limited to: vomiting, diarrhea, coughing, sneezing, ocular or nasal discharge, drooling/foaming from the mouth, skin lesions, hair loss, excessive scratching.

E. Generally healthy appearing animals shall be place in a clean, disinfected, dry enclosure in the general housing areas according to size and availability. Small dogs, cats, etc. in our small cage enclosures; larger dogs in our dog run enclosures.

F. Care will be taken to accommodate those animals which appear distraught, frightened or in any way emotionally compromised. These animals shall be placed in a "quiet atmosphere" as directed by the director or shelter manager.

G. The director or shelter manager will be immediately notified of any animal displaying a potentially life-threatening illness/injury and the animal will be transported immediately to the appropriate veterinary hospital for necessary emergency care. If in doubt whether or not a situation meets emergency criteria, the shelter manager shall contact the veterinarian by phone for proper recommendation. *Note: It is preferred to error on the side of safety and seek immediate veterinary care during questionable situations.

3. ANIMAL MONITORING

A. Animals will be monitored daily for attitude, appetite, urination, defecation, and any signs of illness or abnormality. Observations will be recorded for each animal on the attached "Monitoring Log" and maintained on or near the animal's primary enclosure.

B. Any animal presenting signs of infectious/contagious illness at any time during its confinement in the shelter will be immediately placed in isolation and arrangements will be made for veterinary consultation.

C. Daily observance will be recorded as "Appears Normal" unless the Caretaker observes an abnormality or compromising condition. At which point he/she shall record utilizing the type of description listed below:

   a. Appetite- Poor, Difficulty Chewing, etc
   b. Stools- Soft, Bloody, Watery, etc
   c. Urine- Discolored, Excessive, Blood
   d. Other- Vomiting, Vocalizing, Excessive panting, coughing, etc.

4. ISOLATION ROOM

A. Veterinary Examination and Treatment

   a. Animals placed in the isolation room will be evaluated and treated by a veterinarian within 24 hours of entering the isolation room. The Shelter Manager/ Caretaker(s) will

be instructed by the veterinarian on the proper care of the medically managed animal(s). Animal will be reassessed on a daily basis and those not improving will be reported to the veterinarian for further diagnostics and treatment plan.

b. Those presenting as emergencies, shall be treated as such per protocol.

B. Management of the Isolation Room
   a. The isolation room will have a dedicated supply of cleaning items (such as mops, brooms, cleaning solution bottles, paper towels, etc.) and animal care items (bedding, food and water devices, leashes, etc.).
   b. Items and supplies used in the isolation room will not be removed for use in other areas of the shelter.
   c. Isolation room will be cleaned after all other animal containment areas have been cleaned.
   d. Gloves, disposable coat, shoe covers will be used as required to decrease possible disease transmission to other areas of the shelter.
   e. At no time, will the isolation area be used for storage or supplies or equipment that are not dedicated solely for the use in the isolation room.
   f. Cleaning of the isolation cages shall be performed as directed in CLEANING AND DISINFECTION OF PRIMARY ENCLOSURES.

5. CLEANING AND DISINFECTION PROCEDURES FOR ALL ENCLOSURES (GENERAL POPULATION AND ISOLATION)

A. Animals will be removed from its primary enclosure during the cleaning process. It will not be returned until the enclosure have been completely dried.

B. All areas shall be cleaned a minimum, of once daily.
   a. All food bowls, litter pans, toys and bedding shall be remove and cleaned daily. Water bowls shall be cleaned as necessary and replaced with a clean water bowl between each animal.
   b. All debris shall be removed prior to using the pressure washer.
   c. Runs should be soaked with detergent water mixture from top to bottom and pressure washer shall be used to thoroughly clean run enclosure from top to bottom, taking care to remove any stuck-on debris and anything under the platforms.
   d. Resting platforms in cages shall be removed, debris removed and cage and platforms sprayed with disinfectant top to bottom.
   e. Cages and resting platforms should be rinsed and wiped dry.
   f. DISINFECTANTS SHALL BE A BLEACH SPRAY (1/2 CUP IN 1 GALLON OF WATER), DISIGNATED SPRAY DISINFECTANT OR DISIGNATED DISINFECTANT THAT IS CONNECTED TO THE POWER WASHER.

VETERINARIAN INTITIALS HEB

CULPEPER COUNTY DEPARTMENT OF ANIMAL SERVICES PROTOCOL
MEDICALLY MANAGED ANIMALS AND NEONATES

Effective Date: 12/31/2017

OVERVIEW: This protocol shall be followed in order to properly care for medically managed and neonatal animals in a shelter or foster-home environment. This protocol is required by:

2VAC5-111-30 Provision of veterinary treatment. "C. Each facility shall engage a licensed veterinarian to develop or ratify a protocol for the management of neonatal and medically compromised animals and shall adhere to such protocol. Enclosures shall be maintained that can properly and safely house such animals."

Licensed Veterinarian Name: (printed) Harry E Burchard DVM

Licensed Veterinarian Signature: Harry E Burchard DVM Date: 3/21/18

1. Medically Managed Animals

A. Medically managed animals will be housed separately from the general population if possible. They will also be housed individually so as to better allow for monitoring of disease progression or improvement and monitoring of the animal's overall condition.

B. Medically managed animals will be kept in a kennel or cage consistent with the direction of a veterinarian and in consideration of the individual animal's age, species, condition, and size.

   a. The cage or kennel will allow for adequate and proper treatment of the animal's medical condition as directed by a veterinarian and for the animal's routine care.

   b. Each animal must be able to easily stand, sit, lie, turn about, and make all other normal body movements in a comfortable, normal position for the animal.

   c. The primary enclosure and food and water bowls must be able to be adequately cleaned.

C. Medically managed animals with a contagious or infectious disease will be housed in an isolation room.

D. Animal Shelter Attendants and/ or Animal Control Officers will have training or instruction from the veterinarian as to appropriate care of the medically managed animal(s). Instruction topics will be specific to the individual animal's condition(s). Topics may include how to administer medication(s), properly care for/maintain a bandage, and aid mobility.

   a. If a trained Animal Shelter Attendant and/ or Animal Control Officer is not available to provide care for a medically managed animal (such as over a weekend or holiday), hospitalization at a veterinary clinic or temporary foster care of this animal will be arranged.

   b. If the veterinarian feels that due to its condition the animal cannot be adequately cared for while in the shelter, he/she will recommend hospitalization at the veterinary clinic or foster care with a trained foster care provider for the duration of the animal's treatment.

I. Example: dog with a broken limb requiring splinting of the affected limb
II. Example: severe dehydration in a cat requiring IV fluids and monitoring of urine output
III. Other situations at the discretion of the veterinarian

2. **Illnesses, Injuries, Abnormalities, and/or Compromises will be classified within the following** categories:
   - Mild
   - Significant
   - Emergency

A. If during the intake evaluation or at any time thereafter, signs of mild illness/ injury/ abnormality/compromise are observed, the following steps shall be taken:
   a. A properly initialed and dated notation is made on the Intake observation form or animal monitoring log (depending on time of observation).
   b. The animal will be moved to individual confinement if not already individually confined.
   c. Another evaluation of the animal will be performed using the "Observation form" if the finding occurs during routine monitoring.
   d. The pet first aid book will be consulted to aid in verification of the nature and severity of the finding
   e. Appropriate modifications will be made to feeding, bedding, and/or enclosure environment/climate as the appropriate
   f. General care measures will be taken as appropriate to alleviate discomfort and protect the animal (bandaging, bathing, clipping, external parasite removal, administration of commercially available product, etc.)
   g. Monitoring frequency will be increased to three times a day, and if the signs worsen at any time or do not subside after three days, the animal will be regarded as having a potentially significant condition.
   h. If the condition resolves, the animal will be returned to general housing and care
   i. All activities will be recorded on the animal monitoring sheet

   ➢ *Mild illnesses, injuries, abnormalities, or compromising conditions are those which-
      - Present with a single finding without any other signs,
      - Do not interfere with healthy eating, drinking, breathing, mobility, elimination, etc.
      - Do not cause pain or distress

   ➢ *Common signs of mild illness/ injury/ abnormalities/ compromise include (but not limited to):
      - Onset of giving birth, presence of fleas or ticks,
      - intermittent scratching, slight limping,
      - isolated/ occasional vomiting of food without any other signs,
      - isolated/ occasional soft stool without any other signs,
      - minor scrape or abrasion, etc

B. If during the intake evaluation or at any time thereafter, signs of a significant illness/ injury/ abnormality/compromise are observed, the following steps shall be taken:
   a. A properly initialed and dated notation is made on the Intake observation form or animal monitoring log (depending on time of observation).
   b. The animal will be moved to individual confinement if not already individually confined.
   c. Another evaluation of the animal will be performed using the "Observation form" if the finding occurs during routine monitoring.
   d. Appropriate modifications will be made to feeding, bedding, and/or enclosure environment/climate as appropriate
   e. The shelter manager shall be notified
   f. A veterinary establishment will be contacted for advice, and an appointment will be made according to the recommendation of the veterinary establishment. As advised by the veterinary staff, first aid measures will be taken as appropriate to protect the animal and alleviate pain and distress in the meantime
   g. The animal will be transported to the veterinarian for diagnosis and treatment
   h. The shelter manager will ensure that the veterinarian is informed of the status of the animal's confinement in the shelter (reason for custody, holding period, etc) and that a course of treatment is authorized to the extent which stabilizes the animal, prevents progression of the condition, alleviates pain and suffering, and is geared toward resolving the condition within a reasonable timeframe.

      - *Signs of serious illness/abnormality/compromise are those which cannot be directly attributed to a specific cause of mild compromise, cause pain or distress, interfere with healthy eating/drinking/elimination, cause impaired mobility, etc.

C. If during the intake evaluation or at any time thereafter, signs of a significant illness/ injury/ abnormality/compromise are observed, the following steps shall be taken:
   a. A veterinary establishment will be immediately contacted for advice and the animal will be transported directly to the veterinarian for diagnosis and treatment. As advised by the veterinary staff, first aid measures will be taken as appropriate to protect the animal and alleviate pain and distress in transit.
   b. The shelter manager will ensure that the veterinarian is informed of the status of the animal's confinement in the shelter (reason for custody, holding period, etc) and that a course of treatment is authorized to the extent which stabilizes the animal, prevents progression of the condition, alleviates pain and suffering, and is geared toward resolving the condition within a reasonable timeframe.
   c. A properly initialed and dated notation is made on the intake evaluation form or animal monitoring sheet (depending on time of event)

      - *NOTE: WHEN IN DOUBT, SEEK VETERINARY ADVICE.

VETERINARIAN INTITIALS MRB

D. **ANIMALS WITH SPECIAL NEEDS**

a. **The shelter manager/director should be consulted for any animal taken in to the shelter that has special need or conditions. At such time shelter manager/director will give instructions on where the animal will be placed to accommodate the need. Such conditions may include, but not limited to:**
   - **a. Blindness**
   - **b. Seniors with difficulty getting around**
   - **c. Extreme timidity**
   - **d. Any condition which would need special consideration**

b. **Shelter manager/director will note any such requirements for housing on the animal's intake sheet.**

6. Neonatal Animals With a Mother

A. Neonates that are taken into custody with their mother shall remain with the mother until a minimum of 7 weeks of age. Neonates born to the dam/queen after she is taken into custody will remain with the dam/queen until a minimum of 7 weeks of age.
   a. If the mother becomes ill, inadequately lactates, or jeopardizes the safety of the neonates and/or animal care attendants, neonates may be removed for surrogate care or hand rearing prior to 7 weeks or other as instructed by the veterinarian.

B. The mother and neonates should be placed with a foster care provider who is properly equipped and trained to care for them.
C. The mother and neonates will be kept in a primary enclosure that can be adequately cleaned and disinfected. The primary enclosure must also be able to be heated as dictated by the species, age, and condition of the animals. It must also ensure the safety of the neonates by eliminating spaces where small neonates may become trapped or separated.
D. The mother and neonates will be kept segregated from other animals in the foster home for at least the first three weeks of life.
E. The dam will be monitored for adequate lactation and the neonates for growth appropriate to their age and species a minimum of once daily. A gram or ounce scale may be helpful in monitoring growth. Appropriate growth is a gain of 10% of birth weight each day.
F. Inadequate growth or lactation is an indication for examination and treatment by a veterinarian.

G. Mothers and neonates for whom a foster care provider is not available should be housed in the shelter separately from the general population area and the isolation room.
H. Mothers with neonates should be cared for and their environment cleaned and disinfected before the rest of the population, to minimize their exposure to disease

I. Most neonates can feed from saucer...begin offering warmed canned food gruel (it will be messy)
J. 5-6 weeks: feed gruel 4 times daily; gradually thicken; offer dry food and water
K. 6+ weeks: feed 3 times daily; most should be eating dry food well

4. Neonatal (0-2 weeks of age) and infant care (2-4 weeks of age)

A. Orphan neonates and infants require round the clock feeding and care. Every effort should be made to find a surrogate mother or to place the puppies/kittens in a trained foster care home. Neonates and infants shall be placed in a warm area on a towel-covered heating pad set on low until the foster care provider can pick them up. They shall be fed according to the recommended feeding schedule below, until the foster care provider takes them. Should a surrogate or foster home not be available, the shelter manager shall be contacted and a decision shall be made as to euthanasia.

B. At no time, will orphaned neonates or infants for without required care for time periods greater than required feeding intervals.

C. Neonates will be stimulated to urinate and defecate immediately before and after each feeding.
   a. In feeding neo-nates always follow the proper feeding scale below; unless otherwise directed by a Veterinarian:
   b. Puppies should gain weight daily!
   c. Should double their weight in 10 days
   d. Puppies should gain 5-10% BW/day

I. Formula feeding:
- 0-1 week: ½ tablespoon formula every 2-3 hours
- 1-2 weeks: formula every 2-3 hours until belly full
- 2-3 weeks: formula every 3-4 hours until belly full
- 3-4 weeks: formula every 4 hours until belly full
- May begin lapping formula from bowl
- 4-5 weeks: feed formula as needed to prevent hunger and weight changes
-

II. Weight gain:

- Should double the weight in 10 days
- Puppies should gain 5-10% of BW/day
- Kittens should gain 10-15 grams/day
- Kittens should gain approximately 1 pound/month for first 4 months

VETERINARIAN INTITIALS NEB

CULPEPER COUNTY DEPARTMENT OF ANIMAL SERVICES PROTOCOL
SEEKING VETERINARY TREATMENT
Effective Date: 12/31/2017

OVERVIEW: This protocol shall be followed in order to identify animals showing signs of illness, injury, or other health compromise and therefore requiring veterinary treatment by a licensed veterinarian. This protocol is required by:

2VAC5-111-30 Provision of veterinary treatment. "A. Each facility shall engage in a licensed veterinarian to develop or ratify a protocol for determining if an ill, injured, or otherwise compromised animal requires treatment by a licensed veterinarian. Each facility shall adhere to the protocol and provide veterinary treatment when needed."

Licensed Veterinarian Name: (printed) Harry Burchard DVM

Licensed Veterinarian Signature: Harry E Burchard DVM Date: 3/21/17

1. **Indications for emergency veterinary care.**
   A. Any animal displaying the following symptoms or history:
      - History of trauma such as being hit by a car
      - Severe laceration or contusions (bleeding does not slow or stop within 20 min.)
      - Gunshot wounds
      - Bow and arrow wounds
      - Knife wounds
      - Chemical or thermal burns
      - Excessive vomiting and diarrhea
      - Heat stroke
      - Lack of urination within 24 hours
      - Neurological signs
      - Severe emaciation with inability to walk
      - Difficulty breathing
      - Severe eye injuries, i.e. loss of eye or dislodging of eye
      - Choking

      *When in doubt, contact the shelter manager for direction.

2. **Indications for veterinary care within 24 – 48 hours.**
   A. Any animal displaying the following symptoms or history:
      - Change in appetite, urination, defecation
      - Limping
      - Vomiting
      - Diarrhea
      - Skin lesions
      - Eye or nasal discharge
      - Coughing
      - Animals place in isolation with possible contagious or infectious disease within 24 hours

VETERINARIAN INTITIALS HRB

3. **When unsure whether the presenting conditions warrant immediate attention, consult shelter manager/director for guidance.**

4. **ANIMALS WITH SPECIAL NEEDS**

   A. The shelter manager/director should be consulted for any animal taken in to the shelter that has special need or conditions. At such time shelter manager/director will give instructions on where the animal will be placed to accommodate the need. Such conditions may include, but not limited to:

      a. Blindness
      b. Seniors with difficulty getting around
      c. Extreme timidity
      d. Any condition which would need special consideration

   B. Shelter manager/director will note any such requirements for housing on the animal's intake sheet.

5. "VETERINARIAN'S STATEMENT ANIMAL EVALUATION FORM"

   A. When an animal is being taken to the veterinary hospital, a "Veterinarian's Statement Animal Evaluation Form" will be filled out and sent with the animal for completion by the attending veterinarian. Upon animals return to the shelter, the "Veterinarian's Statement Animal Evaluation Form" will be placed in the animals folder and maintained as a permanent record.

H&B

CULPEPER COUNTY ANIMAL SHELTER
HEALTH INTAKE FORM

DATE: _____ ANIMAL ID: _____ NAME: _____

SPECIES:	BREED:
COLOR:	SEX:
APPROXIMATE AGE:	APPROXIMATE WEIGHT:
MICROCHIP: YES NO	COLLAR: YES NO DESCRIPTION:
COUNTY LICENSE: YES NO COUNTY & NUMBER:	TATTOO: YES NO DESCRIPTION:

INTAKE EXAM:

BODY CONDITION SCORE: 1 (EMACIATED) 2 3 4 5 6 7 8 9 (OBESE)

GAIT: WALKS NORMALLY LIMPS ON_____ WILL NOT WALK OTHER_____

SKIN: NORMAL MISSING HAIR ITCHY, RED LESSIONS VISIBLE

FLEAS: YES NOT SEEN TICKS: YES NOT SEEN

MUCUS MEMBRANES: PINK RED YELLOW BLUE PALE/WHITE OTHER_____

EARS: CLEAN NO DEBRIS LITTLE DEBRIS LOTS OF DEBRIS

EYES: CLEAN DISCHARGE RED NOT OPENING EYE (S) _____

BREATHING/RESPIRATORY RATE: _____

HEART RATE: _____

VISIBLE INJURIES OR WOUNDS: NO YES, DESCRIBE: _____

TEMPERAMENT/DISPOSITION: _____

HSB

Veterinarian's Statement
Animal Evaluation Form

Name: _____
Id # _____

ropped off by: _____ ACO #_____ Date: _____
ddress animal was found: _____
wner of the animal: _____ Phone #: _____
wners Address: _____
pecies: _____ Breed: _____ Sex: _____ Approximate Age: _____
escription (Color/Markings) _____

reatments to date: _____
_____

nimal needs to be: ☐ Spayed/Neutered
☐ Rabies Vaccination
☐ √ Up

Symptoms: _____
_____
_____

☐ Animal is Micro Chipped: Number: _____ ☐ Animal is not Micro Chipped

_____ am a licensed veterinarian in the Commonwealth of Virginia. I am responding to a request
he Culpeper County Department of Animal Services to evaluate the animal identified above.

certify that this animal exhibits the following:

☐ Neutered / Spayed
☐ Unneutered / Unspayed
☐ Pregnant / Nursing
☐ Prolapsed Uterus / Vagina
☐ In Heat
☐ Evidence of previous litters (enlarged nipples/Vulva)
☐ Diarrhea
☐ Urine Scalding
☐ Ear Mites
☐ Eye Infection
☐ Abscesses
☐ Cherry Eye
☐ Heartworms
☐ Respiratory Infection

☐ Emaciation
☐ Severe Matting
☐ Excessive Hair Loss
☐ Severe Itching
☐ Mange
☐ Dermatitis
☐ Flea Dirt
☐ Ticks
☐ Maggots
☐ Internal Parasites (specify Below)
☐ Generalized Debility
☐ Temperature _____
☐ Body score _____
☐ Purina
☐ Henneke
☐ Other

☐ Tumors / growths
☐ Multiple bite wounds
☐ Fractures
☐ Burns
☐ Displasia / Dislocation
☐ Lacerations
☐ Abrasions
☐ Dental - tarter, periodontal
☐ Missing teeth
☐ Arthritis / Lameness
☐ Overgrown nails / Hooves

ther (observations, comments on weight, behavior, parasites, etc... _____
_____
_____
_____

_____
ignature of Veterinarian Date

isposition Of Animal: ☐ Remained in Veterinarians Care
☐ Euthanized Due to Illness and / or injury
☐ Returned to CCDAS
☐ Return the animal to the vet for recheck Date: _____

rections for Medications: _____
_____

A8B

MONITOR LOG

ANIMAL ID: ____________ NAME: ____________ AGE: ____________

BREED: ____________ COLOR: ____________ START DATE: ____________

DATE	ATTITUDE	APPETITE	URINATION	DEFECATION	SYMPTOMS OF ILLINESS?	SYMPTOMS OF INJURY?

HSB

COUNTY OF CULPEPER
DEPARTMENT OF ANIMAL SERVICES
540-547-4477

CCDAS Agent_____ Date Taken _____Time _____Record Date_____ ID#_____

SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT

EARS:	TAIL:	COAT:

ANIMAL IDENTIFICATION: NONE	REASON FOR CUSTODY
LOCATION WHERE ANIMAL WAS TAKEN:	OWNER OF ANIMAL (IF KNOWN):
	OWNER NOTIFIED BY:

CONDITION OF ANIMAL:	BEHAVIOR OF ANIMAL:	LOST REPORTS CHECKED:

HOLD FOR OFFICER COMMENTS:	QUARANTINE: START DATE:_____ END DATE:_____ VICTIM NAME AND ADDRESS: TELEPHONE:
	RELEASED FROM QUARANTINE BY HEALTH DEPARTMENT BY AGENT:_____ DATE:_____ CCDAS AGENT:_____

OWNER RELEASE STATEMENT

I HEREBY RELIQUISH ALL RIGHTS OF PROPERTY TO THE ABOVE DESCRIBED ANIMAL TO THE CULPEPER COUNTY DEPARTMENT OF ANIMAL SERVICES. I CERTIFY THAT: 1) I AM THE RIGHTFUL OWNER OF THE ANIMAL; 2) NO OTHER PERSON HAS A RIGHT OF PROPERTY TO THE ANIMAL; 3) I UNDERSTAND THAT THE ANIMAL MAY BE IMMEDIATELY EUTHANIZED, ADOPTED, OR DELIVERED TO A RESCUE; 4) THE ANIMAL HAS NOT EXPOSED A HUMAN TO THE POSSIBILITY OF RABIES IN THE PAST TWENTY (20) DAYS.

SIGNATURE OF OWNER: _____ DATE: _____

FINAL DISPOSITION				ANIMAL AVAILABILITY:
ADOPTED ○	TRANSFERRED ○	RECLAIMED ○	EUTHANIZED ○	

AGENT _____ TIME: _____ DATE:_____

SIGNATURE OF OWNER: _____ DATE:_____

ADDRESS:_____

TELEPHONE: _____