

BUCHANAN COUNTY ANIMAL SHELTER
P. O. BOX 950
GRUNDY, VIRGINIA 24614

ANIMAL CUSTODY RECORD

*This form includes all mandated information as
 required by §3 1-796 105 B of the Code of Virginia*

CASE NO.					CUSTODY DATE			TIME	AM/PM		
REASON FOR CUSTODY (mark appropriate box)								LOCATION WHERE CUSTODY WAS TAKEN			
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other						
OWNER'S NAME & ADDRESS (if known)						ADDITIONAL INFORMATION					
Telephone:											
ANIMAL DESCRIPTION											
SPECIES	BREED	COLOR/MARKINGS			SEX	APPROX. AGE	APPROX. WEIGHT	OTHER			
ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")											
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)			OTHER IDENTIFICATION (specify)					

BITE HISTORY

Has this animal ever bitten a person or another animal? ____ (YES) ____ (NO) If yes, give date and a brief explanation.

CUSTODY RECORD PREPARED BY	DATE
Signature & Title	
DISPOSITION OF ANIMAL	DATE

I AM THE RIGHTFUL OWNER OF THIS ANIMAL.
 I HEREBY SURRENDER ALL PROPERTY RIGHTS TO THIS ANIMAL, AND I CERTIFY THAT NO
 OTHER PERSON HAS A RIGHT OF PROPERTY IN THE ANIMAL AND ACKNOWLEDGING THAT
 THE ANIMAL MAY BE IMMEDIATELY EUTHANIZED OR DISPOSED BY THE METHODS LISTED
 IN SUBDIVISIONS 1 THROUGH 5 OF SUBSECTION D OF VIRGINIA CODE SECTION 3.2-6546.

SIGNATURE _____ DATE _____