

**Compassion For Canines****ANIMAL CUSTODY RECORD**

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

CASE NO.	Name:	DATE		TIME	AM / PM
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**REASON FOR CUSTODY (mark appropriate box)**of  
intake

Stray	Owner Surrender	Transfer from other locality/facility	Seized	Bite Case	Other	
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**OWNER'S NAME & ADDRESS (if known)**Surrender Fee/  
Donation

Name:	
Address:	
Telephone:	

To the best of my knowledge, the animal has not bitten anyone within the 10 days immediately prior to the date of surrender and all information about the animal given by me to Compassion For Canines is true. I understand and hereby certify that: (i) I am the true and rightful owner of the animal or animals that I have surrendered this day to Compassion For Canines, (ii) no other person has any right of property in such animal or animals, and (iii) I am conveying full and complete right, title and interest in and to the animal or animals to Compassion For Canines.

**Signature:****ANIMAL DESCRIPTION**

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

**ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")**

CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)

**Medical History/Previous Vaccinations (attach documentation to clinic copy)** **NO KNOWN HISTORY**

Injuries/Concerns:

Has this animal ever bitten a person or another animal?

Comments:

**CUSTODY RECORD PREPARED BY****DATE**

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**FINAL DISPOSITION OF ANIMAL (adopted, transferred, euthanized, etc)****DATE**

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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) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.