AGENCY NAME:	**ANIMAL CUSTODY RECORD** *This form includes all mandated information as required by §3.2-6557.B of the Code of Virginia.*

ANIMAL ID		**CUSTODY DATE**	____ / ____ / 20___	**TIME**	AM / PM

REASON FOR CUSTODY (mark appropriate box)						**LOCATION WHERE CUSTODY WAS TAKEN**
Stray/ At Large/ Unowned	Owner Surrender	Seized	Bite Case Quarantine	Transfer from Another Releasing Agency	Other	
				☐ Virginia ☐ Out of State		

OWNER'S NAME & ADDRESS (if known)	**ADDITIONAL INFORMATION**

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__

Signature & title

DISPOSITION OF ANIMAL **DATE:** ____/ ___ / 20__

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

This form may be used by animal control officers, custodians of any public or private animal shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.2-6557.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 Animal Care and Emergency Response, (804) 692-4001, P.O. Box 1163, Richmond, Virginia 23218.*

Effective 7/2015