



Agency: <b>Floyd County Humane Society</b> <b>2136 Franklin Pike SE/P.O. Box 862</b> <b>Floyd, VA 24091 (540) 745-7207</b>		<b>ANIMAL CUSTODY RECORD</b> <i>This form includes all mandated information as required by §3.2-6548 of the Code of Virginia</i>	
Animal ID:		Custody Date:	___/___/20___
		Time:	_____AM / PM

**REASON FOR CUSTODY** (mark appropriate box)

Stray/ At large	Owner Surrender	Seized	Bite Case Quarantine	Transfer From Another Releasing Agency ___ Virginia ___ Out of State	Other	<b>LOCATION WHERE CUSTODY WAS TAKEN</b>
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<b>OWNER'S NAME AND ADDRESS (if known)</b>	<b>ADDITIONAL INFORMATION</b>

I, (Print name) \_\_\_\_\_ am the rightful owner of this animal. I surrender all property rights in this animal. No other person has a right of property in this animal. I acknowledge that this animal may be immediately euthanized or disposed of in accordance with §3.2-6548.A of the Code of Virginia.

Rightful Owner Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/20\_\_\_

**ANIMAL DESCRIPTION**

Species	Breed	Color/markings	Sex	Approx. Age	Approx. Weight	Other
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**ANIMAL IDENTIFICATION (check all forms and complete all boxes. If not found, write NONE)**

City/County License Number	Rabies Tag Number	Tattoo	Collar (color/type/etc.)	Other ID (microchip, personal ID tag)
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**CUSTODY RECORD PREPARED BY:** (Signature and title)

**DATE:** \_\_\_/\_\_\_/20\_\_\_

**BITE HISTORY**

Has this animal ever bitten a person? Yes/No (circle one) Detail _____
Has this animal ever bitten another animal? Yes/No (circle one) Detail _____
FCHS received this information on (date) ___/___/20___
Signed _____
FCHS relayed this information to adopter/releasing agency on (date) ___/___/20___
Signed _____

**DISPOSITION OF ANIMAL**

**DATE:** \_\_\_/\_\_\_/20\_\_\_

Returned to Owner	Adopted	Euthanized	Died in Custody	Transferred to Another Virginia Releasing Agency (name)	Transferred to Out-of- State Releasing Agency (name)	Other
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