

AGENCY NAME: SPCA of Winchester, Frederick & Clarke Counties 115 Featherbed Lane, Winchester VA 22601				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	
				<input type="checkbox"/> Virginia <input type="checkbox"/> Out of State		
OWNER'S NAME AND ADDRESS (if known)				ADDITIONAL INFORMATION		
I hereby certify that I am the rightful owner of the above animal and surrender all property rights, ownership, and interests, if any, to the SPCA of Winchester, Frederick & Clarke Counties, and that no other person has a right of property in this animal. I understand that the animal may be immediately euthanized or disposed of by any method listed in Virginia Code Section 32-6546, D.1-5. I certify that to the best of my knowledge the animal has not bitten anyone in the last 10 days. I understand that I may not reclaim the animal and the final disposition will not be disclosed to me. The signer releases the SPCA, its agents and staff from all liability from the surrender of this animal.						
Custody Record Date: _____ Signed: _____						
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 ____		
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

Pet Personality Profile

Thank you for taking the time to fill out this form. Your answers may assist us in finding a new home for your pet.

Please be honest with your answers!

Temperament & Behavior:

Has this animal ever bitten anyone?..... Yes No Don't Know
If so, who? _____
when? _____
why? _____

Is this animal:
affectionate?..... Yes No Don't Know Sometimes
a good watchdog?..... Yes No Don't Know Sometimes
good with children?..... Yes No Don't Know Ages: _____
housebroken / litter trained?..... Yes No Don't Know Sometimes
good with cats? Yes No Don't Know Sometimes
good with dogs?..... Yes No Don't Know Sometimes
good while traveling in the car?..... Yes No Don't Know Sometimes
leash trained? Yes No Don't Know Sometimes
crate trained? Yes No Don't Know Sometimes
obedience trained?..... Yes No Don't Know Sometimes
What tricks can he/she do? _____
Is this animal afraid of anything? _____
What bad habits does he/she have? _____
What are his/her favorite toys? _____

What can we tell potential adopters about this pet that might help him/her find a home?

Any other comments:

Where & How Kept

How long have you had this animal? _____
How many previous homes has this animal had? _____
What percentage of the time was the animal kept indoors? _____outdoors? _____
How was the animal kept? Tied Fenced Loose Other, please specify: _____
Where did the animal sleep? _____
When did you feed it? _____
What type of food did you feed it? _____
What are the animal's favorite treats? _____
What other animals were in your household? _____

Medical History

Name and address of your veterinarian? _____
What shots does the animal have? _____
Is this animal declawed? Yes No
Does the animal have any allergies? _____
Is the animal currently on any medication? _____
What serious illnesses or injuries have there been? _____