



J. Carlton Courter, III
Commissioner

COMMONWEALTH of VIRGINIA

Department of Agriculture and Consumer Services Division of Animal Industry Services

PO Box 1163, Richmond, Virginia 23218
Phone: 804/786-2481 • Fax: 804/371-2380 • Hearing Impaired: 800/828-1120
<http://www.state.va.us/~vdacs/vdacs.htm>

June 18, 1998

MEMORANDUM

TO: Humane Investigators
FROM: *William M. Sims, Jr.*
Dr. William M. Sims, Jr., State Veterinarian
SUBJECT: Investigation Reporting

House Bill 232, passed by the 1998 General Assembly and signed by Governor Gilmore, made extensive changes to the Virginia Comprehensive Animal Laws. One area of change involves §3.1-796.106:2 C. of the Code of Virginia which requires humane investigators to make a record of every investigation they perform and maintain this record for five years. Humane investigators are also required to file a quarterly summary of their investigation records with the State Veterinarian.

Enclosed for your use are forms which are to be reproduced and used for the above purposes. If you have any questions regarding the new law or the forms, please contact my office.

Enclosures



Virginia Department of Agriculture & Consumer Services
 State Veterinarian - Division of Animal Industry Services
 P. O. Box 1163
 Richmond, VA 23218
 Telephone: 804-786-2481 Fax: 804-371-2380

Humane Investigator Investigation Report

Complete this form in accordance with §3.1-796.106:2.C., Code of Virginia.
 This form is to be maintained for a period of five (5) years.

Owner's Name & Address	Telephone	
	Date	
	Time of Arrival	
	Time of Departure	

Directions:

General Description of Animal(s): *(Include species, breed, sex, etc.)*

Weather (Circle)	Sunny	Cloudy	Partly Cloudy	Raining	Snow/Ice	Approximate Temperature _____
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OBSERVATIONS	YES	NO	COMMENTS
SHELTER			
Adequate size			
Clean			
Needs repair/replacement			
Provides protection from sun/weather extremes			
WATER			
Available - Adequate quantity			
Clean (water & container)			
CHAIN/TETHER			
Adequate length			
Appropriate weight for animal			
Tangled - wrapped			
Danger to animal's safety			
COLLAR			
Present			
Adequate for animal			
Danger to animal's safety			
GENERAL ANIMAL APPEARANCE			
Appears healthy/well fed			
Appears sick			
Appears mainourished			
Appears to need veterinary attention			
Appears to require euthanasia			
Veterinary evaluation obtained			

ACTIONS TAKEN (Mark all those that apply)		COMMENTS
<input type="checkbox"/>	Warning Notice given to owner Owner advised of corrective actions needed	
<input type="checkbox"/>	Warning Notice left on owner's door	
<input type="checkbox"/>	Animal seized pending charges and court date (Attach copy of Animal Custody Record)	
<input type="checkbox"/>	Animal transported to veterinarian for treatment (Attach copy of treatment record)	
<input type="checkbox"/>	Animal transported to boarding facility pending court action Name of facility: _____ Telephone: _____	
<input type="checkbox"/>	Owner surrendered custody of animal (Attach copy of surrender form)	
<input type="checkbox"/>	Photographs taken	
<input type="checkbox"/>	Care literature left with owner	
<input type="checkbox"/>	Care literature left with warning notice on owner's door	
<input type="checkbox"/>	Copy of law left with owner	
<input type="checkbox"/>	Copy of law left with warning notice on owner's door	
<input type="checkbox"/>	Called local animal control for assistance	
<input type="checkbox"/>	Cruelty charges filed (Code section: _____)	
<input type="checkbox"/>	Commonwealth's Attorney Contacted: _____ Telephone: _____	
<input type="checkbox"/>	Other:	

FOLLOW-UP ACTIONS	
<input type="checkbox"/>	Follow-up visit scheduled for _____
<input type="checkbox"/>	Court date scheduled for _____ (Date, Time, Place)
Outcome of case:	
Date case closed:	

Investigator Signature			
Printed Name		Date	



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Humane Investigator Quarterly Report

As required by §3.1-796.106:2 C, submit one copy of this form to the State Veterinarian's Office to arrive no later than April 15, July 15, October 15 and January 15

Humane Investigator (Printed name)	Reporting Period	Year			
		Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec
Address	Telephone	Fax:			
City, State, Zip	Signature				

A NEGATIVE REPORT IS REQUIRED

Species	Reason for Custody/Receipt of Animal						Disposition of Animals					
	A1	A2	A3	A4	A5	A6	B1	B2	B3	B4	B5	B6
Dogs												
Cats												
Canine Hybrids												
Other Companion Animals												
Equine												
Other Livestock												
Poultry												
Other animals												
TOTALS												

KEY

- A1 - Abandoned
- A2 - Owner Surrendered
- A3 - CAL Violation - §3.1-796.68 - Duties of owner
- A4 - CAL Violation - §3.1-796.122 - Cruelty to animals
- A5 - CAL Violation - Other section (Specify)
- A6 - Other (specify [?])

- B1 - Returned to owner
- B2 - Adopted
- B3 - Transferred per Code
- B4 - Euthanized
- B5 - Died
- B6 - Other (specify [?])

Animal Custody Record

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

CASE NO.		Date Animal Taken		Time Animal Taken		AM	PM
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DESCRIPTION OF ANIMAL					
Species	Color/Markings	Breed	Sex	Approx. Age	Approx. Weight

REASON FOR CUSTODY <i>(Mark appropriate boxes)</i>						LOCATION WHERE ANIMAL TAKEN
Stray	Seized	Bite Case	Owner Surrender	Transfer From Other Locality/Facility	Other	

ANIMAL IDENTIFICATION <i>(Complete all that apply)</i>				
City/County License Number	Rabies Tag Number	Tattoo	Collar (Color/type/etc.)	Other ID (specify)

NAME & ADDRESS OF OWNER (IF KNOWN)
Telephone:

DISPOSITION OF ANIMAL

ADDITIONAL INFORMATION

DATE RECORD COMPLETED	SIGNATURE & TITLE

This form may be used by custodians of any pound or shelter, representatives of a humane society, animal control officer or humane investigator to keep and maintain the information required by §3.1-796.105 B, 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 using the official Animal Record Form, VDACS-03144. Questions on the completion of this form may be directed to the Office of the State Veterinarian, P. O. Box 1163, Richmond, Virginia 23218.



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June 18, 1998

MEMORANDUM

Agricultural Animal Seizure
requirements also apply to
humane societies and SPCAs.

TO: Animal Control Officers
Humane Investigators

FROM: *William M. Sims, Jr.*
Dr. William M. Sims, Jr., State Veterinarian

SUBJECT: Agricultural Animal Seizure

House Bill 232, passed by the 1998 General Assembly and signed by Governor Gilmore, made extensive changes to the Virginia Comprehensive Animal Laws. §3.1-796.115 A. requires that a report be filed with the State Veterinarian within five business days when an agricultural animal has been seized because of a direct and immediate threat to the animal.

Because of the five-day submission requirement, the form is to be submitted with the information available at the time. §3.1-796.115 requires notification in advance of seizure. However, if there was a direct and immediate threat to the agricultural animal, seizure may occur without notification and this report is to be filed with my office within five days.

If you have any questions regarding the new law for agricultural animal seizure and the form, please contact our office.

Enclosure



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 State Veterinarian - Division of Animal Industry Services
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Agricultural Animal Seizure Report

This form is to be completed and submitted to the Office of the State Veterinarian within five days of an agricultural animal seizure in accordance with §3.1-796.115 of the Code of Virginia.

Date of Seizure	Time of Arrival		Time of Departure	
	AM	PM	AM	PM

Owner's Name & Address	Telephone:	
	Owner Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, name and phone number of individual contacted</i>	

Location of animals (Give directions):

Reason for seizure:

Condition of animal(s):

Seized Animal Information					
Species	No. of Animals	Breed	Sex	Approximate Weight	Other Identification

Location/Address of animal impoundment	Owner's property	Other property (specify)

Veterinary Practitioner Contacted (Name, address, telephone)	Date Contacted	Time Contacted	
		AM	PM
Recommendations			

Commonwealth Attorney Contacted (Name, address, telephone)	Date Contacted	Time Contacted	
		AM	PM

Disposition of animal(s)

Additional Comments

Signature of Official Conducting Seizure			
Printed Name		Date	
Address		Telephone	