



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	Party 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			



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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	(Circle appropriate quarter)		
Address	Telephone		Jan-Mar	Apr-Jun	Jul-Sept
City, State, Zip	Signature			Fax:	Oct-Dec

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 ?) _____



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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)

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 (Mark appropriate boxes)						LOCATION WHERE ANIMAL TAKEN
Stray	Seized	Bite Case	Owner Surrender	Transfer From Other Locality/Facility	Other	

ANIMAL IDENTIFICATION (Complete all that apply)				
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.