



COMMONWEALTH OF VIRGINIA
Department of Agriculture and Consumer Services
 Division of Animal and Food Industry Services
 Office of Veterinary Services
 102 Governor Street, Richmond, Virginia 23219
 Phone: 804-692-4001 Fax: 804-371-2380
animalcare@vdacs.virginia.gov



AGRICULTURAL ANIMAL SEIZURE REPORT

In accordance with section §3.2-6569 of the Code of Virginia,
 this form is to be completed and submitted to the State Veterinarian's Office within five days of an agricultural animal seizure.

JURISDICTION	Name of Locality:				<input type="checkbox"/> County
					<input type="checkbox"/> City <input type="checkbox"/> Town
SEIZING OFFICER	Officer Name:	First	Last		
	Title:				<input type="checkbox"/> ACO <input type="checkbox"/> LEO <input type="checkbox"/> HI <input type="checkbox"/> Other:
	Office Address:	Direct Phone:			
		Fax:			
Direct Email:					
OWNER AND ANIMAL INFORMATION	Owner Name:	First	Last		
	Owner Address:	Phone:			
		Has owner been notified?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	SEIZED ANIMAL INVENTORY				
	Species and Breed	Number Total	Number Female	Number Male	Other Descriptors
	Reason for Seizure and Animal Condition at Time of Seizure:				

LOGISTICS	Seizure Date:		Seizure Time:	
	Location of Seizure:			
	Location of Impoundment:			
	Husbandry Care Provided By:			

CONSULTING OFFICIALS INVOLVED	Commonwealth's Attorney			
	CA Name:	First	Last	
	Office Address:		Office Phone:	
			Fax:	
	Direct Email:			
	Licensed Veterinarian			
	Veterinarian Name:	First	Last	
	Name of Veterinary Establishment:			
	Office Address:		Office Phone:	
			Fax:	
Direct Email:				

ADDITIONAL INFORMATION <small>(include any specific course of follow-up care prescribed by veterinarian)</small>	
----------------------------------------------------------------------------------------------------------------------------	--

REPORT DATE	SIGNATURE OF SEIZING OFFICER