



# COMMONWEALTH OF VIRGINIA

## Department of Agriculture and Consumer Services



Division of Animal and Food Industry Services  
Office of Animal Care and Emergency Response  
102 Governor Street, Richmond, Virginia 23219  
Phone: 804-692-4001 Fax: 804-371-2380

### 2016 Animal Control Survey

Please complete and return this survey to the Office of Animal Care and Emergency Response no later than **August 31, 2016**. Completed surveys may be submitted by mail to the address shown above, by fax, or by email to [animalcare@vdacs.virginia.gov](mailto:animalcare@vdacs.virginia.gov).

Name of Locality			
Governmental Department or Official with Administrative Oversight of Animal Control			
<input type="checkbox"/> County Administrator/City Manager		<input type="checkbox"/> Police Department	
<input type="checkbox"/> Sheriff's Office		<input type="checkbox"/> Other: _____	
Immediate Supervisor of Statutory Animal Control Officer			
<i>Note: this should <b>not</b> be a person who performs animal control field duties</i>			
Name and title:			
Mailing address:		Phone:	
		Fax:	
		Email:	
Statutory Animal Control Officer			
<i>Per §3.2-6555 of the Code of Virginia, each locality must employ an Animal Control Officer, who may be assisted by one or more deputies.</i>			
Name and title:		Date of employment:	
Mailing address:		Phone:	
		Fax:	
		Email:	
Is the Animal Control Officer a sworn law enforcement officer?    Y    or    N			
Is the Animal Control Officer responsible for management of the Animal Shelter?    Y    or    N			
Date of completion of basic animal control course <i>(not required if employed before July 1, 1998)</i> :			
Name of basic course provider:			
Total number of <b>animal control-related</b> CE hours completed in <b>past 3 years</b> <i>(at least 15 hours are required)</i> : _____			
List below any <b>animal control-related</b> CE courses completed within <b>past year</b> <i>(attach additional pages if necessary)</i> :			
Name of course	Date of course	Entity sponsoring course	Number of hours
<p><i>As the statutory animal control officer, I hereby certify that the following information regarding training courses completed for myself, as well as those completed by any deputy animal control officers within my agency, is correct. I understand that the State Veterinarian reserves the right to audit this agency for relevant documentation showing completion of the listed courses. Furthermore, I understand that in order to comply with Section §3.2-6556 of the Code of Virginia, all animal control officers <b>must</b> complete a basic training course within two years of their date of employment. After their basic training course has been completed, officers <b>must</b> receive a minimum of 15 hours of <b>animal control-related</b> continuing education training every three years, and that this CE training <b>must be pre-approved</b> by the State Veterinarian's Office. Exceptions may be granted by the State Veterinarian or his representative at his discretion. Failure to complete required training shall result in removal from office.</i></p>			
Signature: _____		Date: _____	
If you are completing this form electronically and cannot provide a signature, please check this box: <input type="checkbox"/>			

**Deputy Animal Control Officer**

Name and title: \_\_\_\_\_ Date of employment: \_\_\_\_\_

Is this Deputy Animal Control Officer a sworn law enforcement officer?  Y  or N

Does this Deputy Animal Control Officer provide animal care at the Animal Shelter?  Y  or N

Date of completion of Basic Animal Control course *(not required if employed before July 1, 1998)*: \_\_\_\_\_

Name of Basic Course Provider: \_\_\_\_\_

Total number of **animal control-related** CE hours completed in **past 3 years** *(at least 15 hours are required)*: \_\_\_\_\_

List below any **animal control-related** CE courses completed within **past year** *(attach additional pages if necessary)*:

Name of course	Date of course	Entity sponsoring course	Number of hours

**Deputy Animal Control Officer**

Name and title: \_\_\_\_\_ Date of employment: \_\_\_\_\_

Is this Deputy Animal Control Officer a sworn law enforcement officer?  Y  or N

Does this Deputy Animal Control Officer provide animal care at the Animal Shelter?  Y  or N

Date of completion of Basic Animal Control course *(not required if employed before July 1, 1998)*: \_\_\_\_\_

Name of Basic Course Provider: \_\_\_\_\_

Total number of **animal control-related** CE hours completed in **past 3 years** *(at least 15 hours are required)*: \_\_\_\_\_

List below any **animal control-related** CE courses completed within **past year** *(attach additional pages if necessary)*:

Name of course	Date of course	Entity sponsoring course	Number of hours

**Deputy Animal Control Officer**

Name and title: \_\_\_\_\_ Date of employment: \_\_\_\_\_

Is this Deputy Animal Control Officer a sworn law enforcement officer?  Y  or N

Does this Deputy Animal Control Officer provide animal care at the Animal Shelter?  Y  or N

Date of completion of Basic Animal Control course *(not required if employed before July 1, 1998)*: \_\_\_\_\_

Name of Basic Course Provider: \_\_\_\_\_

Total number of **animal control-related** CE hours completed in **past 3 years** *(at least 15 hours are required)*: \_\_\_\_\_

List below any **animal control-related** CE courses completed within **past year** *(attach additional pages if necessary)*:

Name of course	Date of course	Entity sponsoring course	Number of hours

*Duplicate this page as needed to list all Deputy Animal Control Officers*

## Supplemental Questions

Question #1: How do you learn about continuing education opportunities?

Response:

Question #2: What animal control-related subjects do you wish to see represented in continuing education training?

Response: