

	Virginia Department of Agriculture & Consumer Services Division of Animal and Food Industry Services P. O. Box 1163 Richmond, VA 23218 804-692-4001 Fax: 804-371-2380	<h2 style="margin: 0;">Agricultural Animal Seizure Report</h2> <p style="font-size: small; margin: 0;"><i>This form is to be completed and submitted to the Division of Animal and Food Industry Services within five days of an agricultural animal seizure in accordance with Section § 3.2-6569 of the Code of Virginia.</i></p>
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Date of Seizure	Time of Arrival on Site	Time of Departure from Site
	AM                      PM	AM                      PM

Owner's Name, Address, and Phone Number	Owner Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, provide name and phone number of any individuals contacted)</i>

**Location Where Animal(s) Were Seized** *(specify if on owner's property or other property, and give directions if exact address unavailable):*

**Reason for Seizure:**

**Condition of Animal(s) at Time of Seizure:**

<b>Seized Animal Information</b> <i>(continue on back or separate sheet if necessary)</i>					
Species	Number of Animals	Breed	Sex	Approximate Weight	Other Identification

**Location Where Animal(s) are Being Held/Housed (specify if on owner's property or other property):**

**Veterinary Practitioner Contacted (give name, address, telephone):**

**Date Contacted**

**Time Contacted**

**AM**

**PM**

**Recommendations Given by Veterinary Practitioner:**

**Disposition of Animal(s):**

**Signature of Official  
Conducting Seizure**

**Telephone**

**Printed Name and  
Locality**

**Date**

**Commonwealth's Attorney Contacted (give name, address, telephone):**

**Date Contacted**

**Time Contacted**

**AM**

**PM**

**Locality (County, City  
or Town)**

**Telephone**

**Additional Comments:**