



Virginia Department of Agriculture & Consumer Services
 State Veterinarian - Division of Animal Industry Services
 P. O. Box 1163
 Richmond, VA 23218
 804-786-2483 Fax: 804-371-2380

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 §3.2-6569 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: ___Yes ___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 (<i>specify</i>)

Veterinary Practitioner Contacted (<i>Name, address, telephone</i>)	Date Contacted	Time Contacted
		AM PM

Recommendations

Commonwealth Attorney Contacted (<i>Name, address, telephone</i>)	Date Contacted	Time Contacted
		AM PM

Disposition of animal(s)

Additional Comments

Signature of Official Conducting Seizure			
Printed Name		Date	
Address		Telephone	