

	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	<h2 style="margin:0;">Humane Investigator Investigation Report</h2> <p style="font-size: small; margin:0;">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.</p>
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Owner-s Name & Address	Telephone	
	Date	
	Time of Arrival	
	Time of Departure	

Directions:

General Description of Animal(s): *(Include species, breed, sex, etc.)*

Weather <i>(Circle)</i>	Sunny	Cloudy	Partly Cloudy	Raining	Approximate Temperature_____
	Snow/Ice				

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 animals safety			
COLLAR			
Present			
Adequate for animal			
Danger to animals safety			
GENERAL ANIMAL APPEARANCE			
Appears healthy/well fed			
Appears sick			
Appears malnourished			
Appears to need veterinary attention			
Appears to require euthanasia			
Veterinary evaluation obtained			

ACTIONS TAKEN <i>(Mark all those that apply)</i>		COMMENTS
	Warning Notice given to owner Owner advised of corrective actions needed	
	Warning Notice left on owners door	
	Animal seized pending charges and court date (Attach copy of Animal Custody Record)	
	Animal transported to veterinarian for treatment (Attach copy of treatment record)	
	Animal transported to boarding facility pending court action Name of facility: _____ Telephone: _____	
	Owner surrendered custody of animal (Attach copy of surrender form)	
	Photographs taken	
	Care literature left with owner	
	Care literature left with warning notice on owners door	
	Copy of law left with owner	
	Copy of law left with warning notice on owners door	
	Called local animal control for assistance	
	Cruelty charges filed (Code section: _____)	
	Commonwealths Attorney Contacted: _____ Telephone: _____	
	Other:	

FOLLOW-UP ACTIONS	
	Follow-up visit scheduled for _____
	Court date scheduled for _____ (Date, Time, Place)
Outcome of case:	
Date case closed:	

Investigator Signature			
Printed Name		Date	