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| Danville Police Department Animal Control Unit (434) 548-3017 | ANIMAL CUSTODY RECORD <i>This form includes all mandated information as required by §3.1-796.105.B of the Code of Virginia.</i> |
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|----------|-------|--------------|---------|------|------|---|
| CASE NO. | 40402 | CUSTODY DATE | 5-14-25 | TIME | 2:15 | AM / <input checked="" type="checkbox"/> PM |
|----------|-------|--------------|---------|------|------|---|

| REASON FOR CUSTODY (mark appropriate box) | | | | | | LOCATION WHERE CUSTODY WAS TAKEN |
|---|-----------------|--------|-----------|---------------------------------------|-------|----------------------------------|
| Stray | Owner Surrender | Seized | Bite Case | Transfer from other locality/facility | Other | [REDACTED] |
| | | | | | | |

| OWNER'S NAME & ADDRESS (if known) | ADDITIONAL INFORMATION |
|-----------------------------------|------------------------|
| Telephone: | |

| ANIMAL DESCRIPTION | | | | | | |
|--------------------|-------|----------------|-----|-------------|----------------|-------|
| SPECIES | BREED | COLOR/MARKINGS | SEX | APPROX. AGE | APPROX. WEIGHT | OTHER |
| feline | DMH | Grey tabby | F | 4 weeks old | 0.2 lbs | n |

| ANIMAL IDENTIFICATION (complete all that apply, or indicate "none") | | | | |
|---|-------------------|-------|----------------------------|--------------------------------|
| CITY/COUNTY LICENSE NUMBER | RABIES TAG NUMBER | TATOO | COLLAR (Color, type, etc.) | OTHER IDENTIFICATION (specify) |
| n | n | n | n | n |

51425
51525
52028

| CUSTODY RECORD PREPARED BY | DATE |
|----------------------------|---------|
| SIGNATURE & TITLE: | 5-14-25 |

| DISPOSITION OF ANIMAL | DATE |
|-----------------------|-------|
| Transfer | 52025 |

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by §3.1-796.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.