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|---|------------------------------|
| City of Danville Animal Control Officer / Public Animal Shelter | ANIMAL CUSTODY RECORD |
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| | | | | | | |
|-----------|-------|--------------------------|--------|------|------|-----------------|
| ANIMAL ID | 40788 | CUSTODY DATE MM/DD/YY | 6-3-25 | TIME | 2:45 | AM <u>PM</u> |
|-----------|-------|--------------------------|--------|------|------|-----------------|

| | | | | | | |
|---|--|-----------------------------------|---|---|--|--|
| REASON FOR CUSTODY (mark appropriate box) | | | | LOCATION WHERE CUSTODY WAS TAKEN | | |
| <input checked="" type="checkbox"/> Stray / At Large | <input type="checkbox"/> Owner Surrender | <input type="checkbox"/> Seized | <input type="checkbox"/> Bite Case Quarantine | D A H S | | |
| <input type="checkbox"/> Transfer from Another Releasing Agency | | <input type="checkbox"/> Virginia | | | | |
| Name: | | | | <input type="checkbox"/> Out-of-State | | |

| | |
|--|-------------------------------|
| OWNER'S NAME & ADDRESS (if known) | ADDITIONAL INFORMATION |
| | Sick - pervert |

| ANIMAL DESCRIPTION | | | | | |
|--|-------|------------------|--|-------------------------|--|
| SPECIES | BREED | COLOR / MARKINGS | SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | Altered: Y <u>N</u> Unk | |
| <input checked="" type="checkbox"/> Feline | D S H | Gray Tabby | Approximate AGE: 8 WKS <input type="checkbox"/> YR <input type="checkbox"/> MO | | |
| <input type="checkbox"/> Canine | | | Approximate WEIGHT: 2 <input checked="" type="checkbox"/> LB | | |
| <input type="checkbox"/> | | | OTHER: | | |

| ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO) | | | | |
|--|----------------------------------|----------------------|--|---|
| License Tag (Number - Details) | Rabies Tag (Number - Details) | Tattoo (Describe) | Collar (Describe - Color, Type, etc.) | Microchip or Other Identification (Describe - Details) |
| none | none | none | none | Scan: 6-3-25 Scan none Det. |

| CUSTODY RECORD PREPARED BY | |
|----------------------------|----------------------------------|
| Signature: | DATE: (MM/DD/YY) 6-3-2025 |

RIGHTFUL OWNER SURRENDER STATEMENT

I am the rightful owner of this animal. I surrender all property rights in this animal. No other person has a right of property in this animal. I understand that this animal may be immediately euthanized or otherwise disposed in accordance with Virginia Code, Title 3.2, Ch. 65. If I want the animal back, I will follow adoption procedures.

SIGNATURE:

| | |
|------------------------------|--|
| DISPOSITION OF ANIMAL | HOLDING PERIOD EXPIRES ON (Date): |
| DATE: (MM/DD/YY) 6-3-25 | FINAL MICROCHIP SCAN PERFORMED BY (Initial): |

| | | | | | | |
|-------------------|---------|------------|-----------------|---|---|-------|
| Returned to Owner | Adopted | Euthanized | Died in Custody | Transferred to Another Virginia Releasing Agency (name of agency) | Transferred to Out-of-State Releasing Agency (name of agency) | Other |
| | | 6-3-25 | | | | |

Did you contact another shelter?

Why did they decline to accept?