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|---|------------------------------|
| City of Danville Animal Control Officer / Public Animal Shelter | ANIMAL CUSTODY RECORD |
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| | | | | | | |
|-----------|-------|--------------------------|---------|------|---|---|
| ANIMAL ID | 40862 | CUSTODY DATE MM/DD/YY | 6-10-25 | TIME | 2 | <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM |
|-----------|-------|--------------------------|---------|------|---|---|

| | |
|--|---|
| REASON FOR CUSTODY (mark appropriate box) | LOCATION WHERE CUSTODY WAS TAKEN |
|--|---|

| | | | | | |
|---|---|---------------------------------------|---|------|---------------------------------|
| <input type="checkbox"/> Stray / At Large | <input checked="" type="checkbox"/> Owner Surrender | <input type="checkbox"/> Seized | <input type="checkbox"/> Bite Case Quarantine | DAHS | |
| <input type="checkbox"/> Transfer from Another Releasing Agency | | <input type="checkbox"/> Virginia | | | <input type="checkbox"/> Other: |
| Name: | | <input type="checkbox"/> Out-of-State | | | |

| | |
|--|--|
| OWNER'S NAME & ADDRESS (if known) [REDACTED] | ADDITIONAL INFORMATION TO many to keep |
|--|--|

ANIMAL DESCRIPTION

| | | | | |
|---|--------------|------------------------------|---|------------------|
| <input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/> | BREED DSH | COLOR / MARKINGS OR white | SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Altered: Y N Unk |
| | | | Approximate AGE: 9 wk <input type="checkbox"/> YR <input type="checkbox"/> MO | |
| | | | Approximate WEIGHT: 1 # <input checked="" type="checkbox"/> LB | |
| 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: 6-10-25 Scan 6-13-25 None yet |

CUSTODY RECORD PREPARED BY

| | |
|---------------------------|-----------------------------|
| Signature: <i>Cerrina</i> | DATE: (MM/DD/YY) 6-10-25 |
|---------------------------|-----------------------------|

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. I have read and understand the adoption procedures.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL

| | |
|--------------------------|---|
| DATE: (MM/DD/YY) 6-26-25 | FINAL MICROCHIP SCAN PERFORMED BY (Initial): [REDACTED] |
|--------------------------|---|

| | | | | | | |
|-------------------|---------|------------|-----------------|---|---|-------|
| 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 |
| | | 6-26-25 | | | | |

Did you contact another shelter? Why did they decline to accept?