

**City of Danville**  
**Animal Control Officer / Public Animal Shelter**

**ANIMAL CUSTODY RECORD**

<b>ANIMAL ID</b>	40914	<b>CUSTODY DATE</b> MM/DD/YY	6-16-25	<b>TIME</b>	1:26	AM <input checked="" type="radio"/> PM
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<b>REASON FOR CUSTODY (mark appropriate box)</b>				<b>LOCATION WHERE CUSTODY WAS TAKEN</b>	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAAS	
<input type="checkbox"/> Transfer from Another Releasing Agency Name: _____		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other: _____		

<b>OWNER'S NAME &amp; ADDRESS (if known)</b>	<b>ADDITIONAL INFORMATION</b>
unknown	found a stray

ANIMAL DESCRIPTION			
<b>SPECIES</b>	<b>BREED</b>	<b>COLOR / MARKINGS</b>	<b>SEX:</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female    Altered: Y N Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	Tort	Approximate AGE: 8wks <input type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 2# <input checked="" type="checkbox"/> LB    •
OTHER: _____			

ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO)				
<b>License Tag</b> (Number - Details)	<b>Rabies Tag</b> (Number - Details)	<b>Tattoo</b> (Describe)	<b>Collar</b> (Describe - Color, Type, etc.)	<b>Microchip or Other Identification</b> (Describe - Details)
none	none	none	none	Scan: 6-16-25 Scan: 6-20-25

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY) 6-16-25

**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. If I want the animal back, I will follow adoption procedures.

SIGNATURE: \_\_\_\_\_

<b>DISPOSITION OF ANIMAL</b>	<b>HOLDING PERIOD EXPIRES ON (Date):</b> 6-23-25
<b>DATE: (MM/DD/YY)</b> 6-25-25	<b>FINAL MICROCHIP SCAN PERFORMED BY (Initial):</b>

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

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