

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

**ANIMAL CUSTODY RECORD**

**ANIMAL ID** 40934      **CUSTODY DATE** MM/DD/YY 6-18-2025      **TIME** 11 AM  
 PM

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

Stray / At Large   
  Owner Surrender   
 Seized   
 Bite Case Quarantine

Transfer from Another Releasing Agency   
 Virginia   
 Other:

Name:       Out-of-State

DAHS

**OWNER'S NAME & ADDRESS (if known)**      **ADDITIONAL INFORMATION**

[REDACTED]

Euth - for owner  
Cancer

**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female    Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	ORF	Approximate AGE: 13 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 10 <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: 6-13-25 Scan 6-13-25 none

**CUSTODY RECORD PREPARED BY**

Signature: [REDACTED]      DATE: (MM/DD/YY) 6-18-25

**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:

**DISPOSITION OF ANIMAL**      HOLDING PERIOD EXPIRES ON (Date):

**DATE:** (MM/DD/YY) 6-18-25      **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
		6-18-25				

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