


City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD


ANIMAL ID	40960	CUSTODY DATE MM/DD/YY	6-20-25	TIME	AM PM
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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	DAYS	
<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)	ADDITIONAL INFORMATION
	Sick - upper eye infection


ANIMAL DESCRIPTION				
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	Tort	Approximate AGE: 6 WKS <input type="checkbox"/> YR <input type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 2 <input 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: 6-20-25 Scan None

CUSTODY RECORD PREPARED BY	
Signature: 	DATE: (MM/DD/YY) 6-20-25

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) 6-20-25	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
		6-20-25				

Did you contact another shelter?

Why did they decline to accept?