

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

**ANIMAL CUSTODY RECORD**

**ANIMAL ID** 40962      **CUSTODY DATE** MM/DD/YY 6-20-25      **TIME**      **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

DAYS

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

[REDACTED]

**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female    Altered: Y N Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	Gray tabby	Approximate AGE: 6 WKS <input type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 2 <input type="checkbox"/> LB OTHER: none

**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: [REDACTED]      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: [REDACTED]

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

DATE: (MM/DD/YY) 6-20-25      **FINAL MICROCHIP SCAN PERFORMED BY (Initials):** [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
		6-20-25				

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