


<b>City of Danville</b> <b>Animal Control Officer / Public Animal Shelter</b>			<b>ANIMAL CUSTODY RECORD</b>			
<b>ANIMAL ID</b> 40778	<b>CUSTODY DATE</b> MM/DD/YY 6-3-25	<b>TIME</b> 8:00 <b>AM</b>				
<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				DAHS		
<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>			
<b>ANIMAL DESCRIPTION</b>						
<b>SPECIES</b> <input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	<b>BREED</b> Chi.	<b>COLOR / MARKINGS</b> BLK/Tan	<b>SEX:</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female            Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk	<b>APPROXIMATE AGE:</b> 3 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO		
			<b>APPROXIMATE WEIGHT:</b> 8 <input checked="" type="checkbox"/> LB			
			<b>OTHER:</b>			
<b>ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO)</b>						
<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)		
NO	NO	NO	NO	Scan: 6-3-25 Scan: 6-9-25 NONE DET		
<b>CUSTODY RECORD PREPARED BY</b>						
Signature: 			<b>DATE: (MM/DD/YY)</b> 06-03-25			
<b>RIGHTFUL OWNER SURRENDER STATEMENT</b>						
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.						
<b>SIGNATURE:</b>						
<b>DISPOSITION OF ANIMAL</b> <i>Adopted</i> HOLDING PERIOD EXPIRES ON (Date):						
<b>DATE: (MM/DD/YY)</b> 6-10			<b>FINAL MICROCHIP SCAN PERFORMED BY (Initial):</b> <i>AK</i>			
<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>
	6-10					
<b>Did you contact another shelter?</b>			<b>Why did they decline to accept?</b>			