





City of Danville Animal Control Officer / Public Animal Shelter			ANIMAL CUSTODY RECORD			
ANIMAL ID	40808	CUSTODY DATE MM/DD/YY	6-5-25	TIME	1:30 PM	
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			
<input type="checkbox"/> Transfer from Another Releasing Agency Name:		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:			
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
			Lt said CAN'T keep them 			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk		
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	German Shep	TR: BRN	Approximate AGE: 3yrs	<input type="checkbox"/> YR <input checked="" type="checkbox"/> MO		
			Approximate WEIGHT: 70#	<input checked="" type="checkbox"/> LB		
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: 6-5-25 Scan: 6-6-25 None Det		
CUSTODY RECORD PREPARED BY						
Signature:			DATE: (MM/DD/YY)			
			6-5-25			
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.						
						
DISPOSITION OF ANIMAL Euth HOLDING PERIOD EXPIRES ON (Date): 6-6-25						
DATE: (MM/DD/YY) 6-11-25			FINAL MICROCHIP SCAN PERFORMED BY (Initials)			
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
		6-11-25				

Did you contact another shelter? NO

Why did they decline to accept?