

City of Danville Animal Control Officer / Public Animal Shelter				ANIMAL CUSTODY RECORD			
ANIMAL ID	40868	CUSTODY DATE MM/DD/YY	6-11-25	TIME	8:45	AM 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		DASH		
<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			
[REDACTED]				Docked Tail Riced			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk			
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Doberman	Blk/Tan	Approximate AGE: 10wks <input type="checkbox"/> YR <input type="checkbox"/> MO				
			Approximate WEIGHT: 10# <input 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)			
NO	no	no	no	Scan: 6-11-25 Scan 6-12-25 no			
CUSTODY RECORD PREPARED BY							
Signature: [REDACTED]				DATE: (MM/DD/YY) 06-11-25			
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): 6-12-25			
DATE: (MM/DD/YY)		6-14-25		FINAL MICROCHIP SCAN PERFORMED BY (Initial): LC			
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	
	6-14-25						

Did you contact another shelter?

Why did they decline to accept?