

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

**ANIMAL CUSTODY RECORD**

<b>ANIMAL ID</b>	40884	<b>CUSTODY DATE</b> MM/DD/YY	6-12-25	<b>TIME</b>	6:45	<input checked="" type="radio"/> AM <input type="radio"/> PM
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<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	DASH	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

<b>OWNER'S NAME &amp; ADDRESS (if known)</b>	<b>ADDITIONAL INFORMATION</b>

ANIMAL DESCRIPTION					
<b>SPECIES</b>	<b>BREED</b>	<b>COLOR / MARKINGS</b>	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input type="checkbox"/> N <input checked="" type="radio"/> Unk	
<input type="checkbox"/> Feline	Rott	Bikutan	Approximate AGE: 2 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO		
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 60 <input checked="" type="checkbox"/> LB <input type="checkbox"/> •		
<input type="checkbox"/>			OTHER:		

ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO)				
<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)
none	none	none	none	Scan: 6-10-25 Scan not detected

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY) 6-10-25

**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:

<b>DISPOSITION OF ANIMAL</b>	HOLDING PERIOD EXPIRES ON (Date): 6-17-25
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DATE: (MM/DD/YY) 6-12-25	FINAL MICROCHIP SCAN PERFORMED BY (Initial):
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<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>
6-12-25						

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