

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

**ANIMAL CUSTODY RECORD**

ANIMAL ID: 40908      CUSTODY DATE MM/DD/YY: 6/16/25      TIME: 7:49 AM

**REASON FOR CUSTODY (mark appropriate box)**

Stray / At Large     Owner Surrender     Seized     Bite Case Quarantine

Transfer from Another Releasing Agency     Virginia     Other:

Name: \_\_\_\_\_     Out-of-State

**LOCATION WHERE CUSTODY WAS TAKEN:** DAHS

**OWNER'S NAME & ADDRESS (if known)** \_\_\_\_\_

**ADDITIONAL INFORMATION**  
injuries to face  
Looks to be from fight

**ANIMAL DESCRIPTION**

SPECIES:  Feline     Canine     \_\_\_\_\_

BREED: Pitx

COLOR / MARKINGS: wht / brindle

SEX:  Male     Female    Altered:  N     Unk

Approximate AGE: 7/8     YR     MO

Approximate WEIGHT: 60     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              | black & harness                       | Scan: 6/16/25<br>Scan: 6-17-25                         |

**CUSTODY RECORD PREPARED BY**

Signature: \_\_\_\_\_      DATE: (MM/DD/YY) 6/16/25

**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: \_\_\_\_\_

**DISPOSITION OF ANIMAL**      HOLDING PERIOD EXPIRES ON (Date): 6-28-25

DATE: (MM/DD/YY) 6-19-25      FINAL MICROCHIP SCAN PERFORMED BY (Initial): \_\_\_\_\_

| 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 |
|-------------------|---------|------------|-----------------|---|---|-------|
| 6-19-25           |         |            |                 |   |   |       |

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