

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	40909	CUSTODY DATE MM/DD/YY	6-14-25	TIME	AM PM
------------------	-------	---------------------------------	---------	-------------	----------

REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<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 checked="" type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
unknown	MOO

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input checked="" type="checkbox"/> Unk	
<input type="checkbox"/> Feline	American bully x	black & white	Approximate AGE: 6 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO		
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 50 <input checked="" type="checkbox"/> LB		
<input type="checkbox"/>			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: NONE detected 6-14 Scan 6-20-25

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY) 6.14.25

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): 6-26-25
------------------------------	---

DATE: (MM/DD/YY) 6-26-25	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
		6-26-25				

Did you contact another shelter? NO Why did they decline to accept?