

City of Danville Animal Control Officer / Public Animal Shelter	ANIMAL CUSTODY RECORD
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ANIMAL ID	40910	CUSTODY DATE MM/DD/YY	6-14-25	TIME	700 AM <input checked="" type="radio"/> PM
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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			

OWNER'S NAME & ADDRESS (if known) unknown	ADDITIONAL INFORMATION PD Brought this Dog in
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ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input checked="" type="radio"/> N <input type="radio"/> Unk	
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Pitx	dark gray and white	Approximate AGE: 1-2 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO 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	black	Scan: NONE detected Scan: 6-15-25

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
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DATE: (MM/DD/YY) 6-16-25	FINAL MICROCHIP SCAN PERFORMED BY (Initial):
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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
6-16-25						

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