

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

40941

CUSTODY DATE
MM/DD/YY

6/18/25

TIME

4:45

AM

PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE
CUSTODY WAS TAKEN

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:

Name: Out-of-State

1719 Aspen
ST
Danville
29140

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Christopher
and [unclear]

[unclear]

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline
 Canine

Pug Mix

brn/b.k/
white

Approximate AGE: 8 wks YR MO

Approximate WEIGHT: 3 LB S

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: 6-18-25
Scan: NONE

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

6/18/25

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)

7-18-25

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

7-18-25

Did you contact another shelter?

Why did they decline to accept?