City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	40944	CUSTODY DATE MM/DD/YY	6-19-25	TIME	645 AM / PM

REASON FOR CUSTODY (mark appropriate box)

- [x] Stray / At Large
- [ ] Owner Surrender
- [ ] Seized
- [ ] Bite Case Quarantine
- [ ] Transfer from Another Releasing Agency — [ ] Virginia — [ ] Out-of-State — Name:
- [ ] Other:

LOCATION WHERE CUSTODY WAS TAKEN

DAHS.

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

parvo pos -
per Dr. Luffman
50

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: [ ] Male [x] Female	Altered: Y N Unk
[ ] Feline [x] Canine [ ]	Pit	tan	Approximate AGE: 5 [x] YR [ ] MO Approximate WEIGHT: 45 [x] 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	none	Scan: 6-19-25 Scan 6-20-25 not detected

CUSTODY RECORD PREPARED BY

Signature: [redacted] **DATE:** (MM/DD/YY) 6-19-25

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) 6-25-25 **FINAL MICROCHIP SCAN PERFORMED BY (Initial):** [redacted]

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
		6-25-25				

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