

City of Danville Animal Control Officer / Public Animal Shelter			ANIMAL CUSTODY RECORD			
ANIMAL ID	40993	CUSTODY DATE MM/DD/YY	6-25-25	TIME	805	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	DAYS.		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
Name:		<input type="checkbox"/> Out-of-State				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
Parvo Per DR Luffman			tether still attached.  Found on North Main			
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			Approximate AGE:	7	<input type="checkbox"/> YR	<input checked="" type="checkbox"/> MO
<input checked="" type="checkbox"/> Canine	Pitt.	Red nose	Approximate WEIGHT:	30	<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	Red	Scan: 6-25-25 Scan: 6-28-25 none		
CUSTODY RECORD PREPARED BY						
Signature:			DATE: (MM/DD/YY)			
			6-25-25			
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): 7-7-25			
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?