

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41070 **CUSTODY DATE** MM/DD/YY 7-1-25 **TIME** 4:35 **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

DASH

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

 Can't afford these cats

Fearly


ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	Blk white	Approximate AGE: 1 1/2 2 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO	
			Approximate WEIGHT: 1 <input checked="" type="checkbox"/> 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 Tag (Describe - Color, Type, etc.)	Microchip or Other Identification (Describe - Details)
None	None	None	None	Scan: 7-1-25 Scan: 7-2-25 NO Det

CUSTODY RECORD PREPARED BY


Signature:  **DATE: (MM/DD/YY)** 7-1-25

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):** 7-2-25

DATE: (MM/DD/YY) 7-3-25 **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
				Homeward Trails 7-3-25		

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