

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41194 **CUSTODY DATE** MM/DD/YY 7/10/25 **TIME** 6:06 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

DAHS

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

name is "Wednesday"

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: <input checked="" type="radio"/> N <input type="radio"/> Unk
<input checked="" type="checkbox"/> Feline	Dsth	black whit	Approximate AGE: 4-5 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 9 <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	None	Scan: 7/10/25 Scan 7-18-25 none detected

CUSTODY RECORD PREPARED BY

Signature: **DATE:** (MM/DD/YY) 7/10/25

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):** 7-18-25

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

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