**City of Danville**
**Animal Control Officer / Public Animal Shelter**

# ANIMAL CUSTODY RECORD

| ANIMAL ID | 41270 | CUSTODY DATE MM/DD/YY | 7-21-25 | TIME | 157 | AM / (PM) |
|---|---|---|---|---|---|---|

**REASON FOR CUSTODY (mark appropriate box)**

| | | | |
|---|---|---|---|
| ☒ Stray / At Large | ☐ Owner Surrender | ☐ Seized | ☐ Bite Case Quarantine |
| ☐ Transfer from Another Releasing Agency Name: | ☐ Virginia ☐ Out-of-State | ☐ Other: | |

**LOCATION WHERE CUSTODY WAS TAKEN**

DAHS

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

**ADDITIONAL INFORMATION**

Riverside Dr.

Wiggles

**ANIMAL DESCRIPTION**

| SPECIES | BREED | COLOR / MARKINGS | SEX / Altered |
|---|---|---|---|
| ☒ Feline ☐ Canine ☐ | DSH | gry tabby | SEX: ☐ Male ☐ Female Altered: Y N Unk |

Approximate AGE: 10-wks ☐ YR ☐ MO

Approximate WEIGHT: 1 ☒ 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 | Purple | Scan: 7-21-25 Scan 7-23-25 None Det |

**CUSTODY RECORD PREPARED BY**

Signature: [redacted]

**DATE:** (MM/DD/YY) 7-21-25

**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): 8-2-25

**DATE:** (MM/DD/YY)

**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 |
|---|---|---|---|---|---|---|
| | | | | | | |

**Did you contact another shelter?** NO

**Why did they decline to accept?**