

City of Danville  
Animal Control Officer / Public Animal Shelter

# ANIMAL CUSTODY RECORD

ANIMAL ID

41283

CUSTODY DATE  
MM/DD/YY

7/22/25

TIME

12:40

AM

PM

## REASON FOR CUSTODY (mark appropriate box)

Stray / At Large     Owner Surrender     Seized     Bite Case Quarantine

Transfer from Another Releasing Agency     Virginia  
Name:     Out-of-State

Other:  
Impound

## LOCATION WHERE CUSTODY WAS TAKEN

[Redacted]

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

[Redacted]

## ADDITIONAL INFORMATION

\* Eviction

## ANIMAL DESCRIPTION

|   |                                 |                          |   |
|---|---------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> Feline<br><input type="checkbox"/> Canine<br><input type="checkbox"/> | BREED<br>DMH<br><del>Grey</del> | COLOR / MARKINGS<br>Grey | SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female    Altered: Y N Unk |
|   |                                 |                          | Approximate AGE:    4 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO          |
|   |                                 |                          | Approximate WEIGHT:    8 <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 (Describe - Color, Type, etc.)    Microchip or Other Identification (Describe - Details)

n

n

n

n

Scan:  
Scan

7-25-25

7-22-25

Signature:

## CUSTODY RECORD PREPARED BY

DATE: (MM/DD/YY)

7/22/25

## 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):

DATE: (MM/DD/YY)

8-9-25

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 |
| 8-9-25            |         |            |                 |   |   |       |

Did you contact another shelter?

Why did they decline to accept?