

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41323 **CUSTODY DATE** MM/DD/YY 7/25/25 **TIME** 4:50 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: *Safekeeping*

Name: Out-of-State

Danville VA
24540

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

Safekeeping

ANIMAL DESCRIPTION

| | | | |
|---|-------|------------------|--|
| SPECIES | BREED | COLOR / MARKINGS | SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk |
| <input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/> | DSH | Calico | Approximate AGE: 3 <input type="checkbox"/> YR <input type="checkbox"/> MO |
| Approximate WEIGHT: 6 <input checked="" type="checkbox"/> LBS | | | |
| OTHER: NONE | | | |

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: 9-25-25 Scan: None 8-25 |

CUSTODY RECORD PREPARED BY

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

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):**

DATE: (MM/DD/YY) 8-9-25 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 |
|-------------------|---------|------------|-----------------|--|--|-------|
| 8-9-25 | | | | | | |

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