

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

**ANIMAL CUSTODY RECORD**

**ANIMAL ID** 41074      **CUSTODY DATE** MM/DD/YY 7-1-25      **TIME** 1:00 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: Born Here

Name: \_\_\_\_\_       Out-of-State

D A H S

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

Born Here

Found DDA 7-31-25

**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female    Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	pit x	grey Brown	Approximate AGE: 0 <input type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 1/4 <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)
none	none	none	none	Scan: Scan none

**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):** 8-26-25

**DATE: (MM/DD/YY)** 7-31-25      **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
			7-31-25			

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