

Spay - Rabies mic

City of Danville Animal Control Officer / Public Animal Shelter	ANIMAL CUSTODY RECORD
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ANIMAL ID	41131	CUSTODY DATE MM/DD/YY	7/7/25	TIME	10:00 AM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input checked="" type="checkbox"/> Bite Case Quarantine	[REDACTED]	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia		Danville VA 24541	
Name:		<input type="checkbox"/> Out-of-State		<input type="checkbox"/> Other:	

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	Dangerous Dog [REDACTED] TAKE 8/12 Surgery - 8/13

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX:	<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk
<input type="checkbox"/> Feline	Cane Corso	Grey Brindle	Approximate AGE: 3 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO		
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 80 <input type="checkbox"/> LBS		
<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	chain	Scan: None 7-7-25 Scan 7-9-25

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 7/7/25

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): 8-12-25
DATE: (MM/DD/YY) 8-12-25	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
8-12-25						

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