

<b>City of Danville</b> Animal Control Officer / Public Animal Shelter			<b>ANIMAL CUSTODY RECORD</b>			
ANIMAL ID 41185	CUSTODY DATE MM/DD/YY 7/10/25	TIME 11:50	AM <input checked="" type="checkbox"/> PM			
<b>REASON FOR CUSTODY (mark appropriate box)</b>				<b>LOCATION WHERE CUSTODY WAS TAKEN</b>		
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine			
<input type="checkbox"/> Transfer from Another Releasing Agency Name:		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:			
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>			<b>ADDITIONAL INFORMATION</b>			
Mary Hoogan 1016 Oxford St Danville VA 21540			MAMA MA Animal Custody			
<b>ANIMAL DESCRIPTION</b>						
SPECIES <input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	BREED SHINTZU MIX	COLOR / MARKINGS BRN / BIK	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk		
			Approximate AGE: 8	<input checked="" type="checkbox"/> YR <input type="checkbox"/> MO		
			Approximate WEIGHT: 15	<input type="checkbox"/> LB		
OTHER:						
<b>ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO)</b>						
License Tag (Number - Details)	Rabies Tag (Number - Details)	Tattoo (Describe)	Collar (Describe - Color, Type, etc.)	Microchip or Other Identification (Describe - Details)		
NONE	NONE	NONE	Pink, flea	Scan: Scan: NONE 7/10-25 7-12-25		
<b>CUSTODY RECORD PREPARED BY</b>						
Signature:			DATE: (MM/DD/YY) 7/10/25			
<b>RIGHTFUL OWNER SURRENDER STATEMENT</b>						
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:						
<b>DISPOSITION OF ANIMAL</b>						
HOLDING PERIOD EXPIRES ON (Date):						
DATE: (MM/DD/YY) 7-23-25		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)	
	7-23-25					

Did you contact another shelter?

Why did they decline to accept?