

<b>City of Danville</b> Animal Control Officer / Public Animal Shelter	<b>ANIMAL CUSTODY RECORD</b>
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ANIMAL ID	41320	CUSTODY DATE MM/DD/YY	7-25-25	TIME	11:30	AM PM
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<b>REASON FOR CUSTODY (mark appropriate box)</b>				<b>LOCATION WHERE CUSTODY WAS TAKEN</b>		
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAYS		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
Name:		<input type="checkbox"/> Out-of-State				

<b>OWNER'S NAME &amp; ADDRESS (if known)</b>	<b>ADDITIONAL INFORMATION</b>

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk	
<input type="checkbox"/> Feline	Houndx	tan / wht.	Approximate AGE: 1 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO		
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 25 <input checked="" type="checkbox"/> LB		
<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	none	Scan: 7-25-25 Scan 7-30-25 not det

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:	

<b>DISPOSITION OF ANIMAL</b> Transfer	HOLDING PERIOD EXPIRES ON (Date): 8-1-25
DATE: (MM/DD/YY) 8-7-25	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
				P.V.25		

Did you contact another shelter?

Why did they decline to accept?