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<b>City of Danville</b> Animal Control Officer / Public Animal Shelter	<b>ANIMAL CUSTODY RECORD</b>
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ANIMAL ID	41326	CUSTODY DATE MM/DD/YY	7-26-25	TIME	1205	AM <input checked="" type="radio"/> PM
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<b>REASON FOR CUSTODY (mark appropriate box)</b>	<b>LOCATION WHERE CUSTODY WAS TAKEN</b>
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<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	D.A.H.S.
<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> Brought back needs jumping
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**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: <input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> Unk
<input type="checkbox"/> Feline	Jack Russell	tri	Approximate AGE: 7 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO	
<input checked="" type="checkbox"/> Canine	ch. mix		Approximate WEIGHT: 20 <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		Scan: 7-24-25 Scan: 7-30-25

**CUSTODY RECORD PREPARED BY**

Signature:	DATE: (MM/DD/YY) 7-24-25
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**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** *Transfer* HOLDING PERIOD EXPIRES ON (Date): 7-27-25

DATE: (MM/DD/YY) 8-1-25 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
				8-1-25		

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