

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41389

CUSTODY DATE
MM/DD/YY

8/1/25

TIME

12:20

AM

PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

LOCATION WHERE CUSTODY WAS TAKEN

Transfer from Another Releasing Agency Virginia Other:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

Pit mix

Blk / wht

Approximate AGE: 3 YR MO

Approximate WEIGHT: 40 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)
<i>n</i>	<i>n</i>	<i>n</i>	<i>Green</i>	Scan: <i>8-1-25</i> Scan: <i>4525</i> <i>None</i>

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8/1/25

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: *Euth* HOLDING PERIOD EXPIRES ON (Date): *8-13-25*

DATE: (MM/DD/YY)

8/13/25

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
		8/13/25				

Did you contact another shelter?

NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41390

CUSTODY DATE
MM/DD/YY

8/1/25

TIME

12:20

AM
PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

LOCATION WHERE CUSTODY WAS TAKEN

Transfer from Another Releasing Agency Virginia Other:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DmH	Grey	Approximate AGE: 1 day <input type="checkbox"/> YR <input type="checkbox"/> MO	
			Approximate WEIGHT: 0.25 <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)
<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	Scan: <i>[Signature]</i> Scan 8-1-25 8-3-25 <i>[Signature]</i>

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8/1/25

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): 8-1-25

DATE: (MM/DD/YY)

8-7-25

FINAL MICROCHIP SCAN PERFORMED BY (Name)

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
		8-7-25				

Did you contact another shelter? *NO*

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41391

CUSTODY DATE
MM/DD/YY

8-1-25

TIME

2:30 PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

Stray / At Large Owner Surrender Seized Bite Case Quarantine

DAHS

Transfer from Another Releasing Agency Virginia Other:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline
 Canine

P-H
Mix

Gray White

Approximate AGE: 7 YR MO

Approximate WEIGHT: 25 LB

OTHER: Shoc box

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 8-3-25
8-8-25

CUSTODY RECORD PREPARED BY

Signature

DATE: (MMDDYY)

8-1-25

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 *Transferred* HOLDING PERIOD EXPIRES ON (Date): 8-2-25

DATE: (MMDDYY)

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

8-8-25
Homeward Trail

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41392	CUSTODY DATE MM/DD/YY 8-1-25	TIME 3:02 PM
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REASON FOR CUSTODY (mark appropriate box)

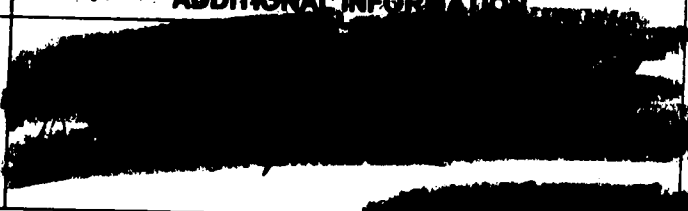
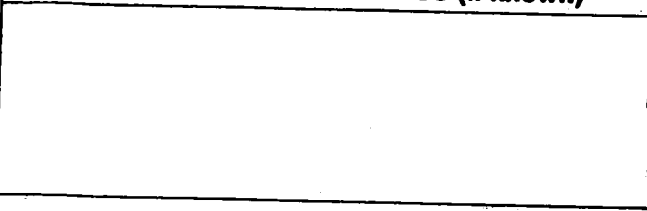
LOCATION WHERE CUSTODY WAS TAKEN

<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:
Name:		<input type="checkbox"/> Out-of-State	



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION




ANIMAL DESCRIPTION

SPECIES <input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	BREED DSH	COLOR / MARKINGS Gray Tabby	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N Unk
		Approximate AGE: 7	<input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
		Approximate WEIGHT: 5	<input 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: 8-1-25 Scan: 8-7-25 None

CUSTODY RECORD PREPARED BY

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

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 Euth **HOLDING PERIOD EXPIRES ON (Date):** 8-8-25

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

Did you contact another shelter? *NO*

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41393	CUSTODY DATE MM/DD/YY	8-1-25	TIME	3:00 PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	[REDACTED]

ANIMAL DESCRIPTION				
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSA	B/C	Approximate AGE: 7	<input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 5	<input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ
<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: 8-1-25 Scan: 8-5-25 None

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-1-25

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: Euth	HOLDING PERIOD EXPIRES ON (Date): 8-8-25
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DATE: (MM/DD/YY)	8-6-25	FINAL MICROCHIP SCAN PERFORMED BY (Initials)	[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
		8825				

Did you contact another shelter? **NO** Why did they decline to accept?

ANIMAL ID 41394	CUSTODY DATE MM/DD/YY 8-1-25	TIME 3:00 PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:	
Name:		<input type="checkbox"/> Out-of-State		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	[REDACTED]

ANIMAL DESCRIPTION				
SPECIES <input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	BREED DSA	COLOR / MARKINGS BIK	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
			Approximate AGE: 7	<input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
			Approximate WEIGHT: 5	<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: 8-1-25 Scan: 8-25 None

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MMDDYY) 8-1-25

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: Euth	HOLDING PERIOD EXPIRES ON (Date): 8-25
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DATE: (MM/DD/YY) 8-25	FINAL MICROCHIP SCAN PERFORMED BY (Initials): [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
		8-25				

Did you contact another shelter? NO

Why did they decline to accept?

ANIMAL ID 41395	CUSTODY DATE MM/DD/YY 8/1/25	TIME 3:40	AM <input checked="" type="radio"/> PM
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REASON FOR CUSTODY (mark appropriate box) LOCATION WHERE CUSTODY WAS TAKEN

<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:	
Name:		<input type="checkbox"/> Out-of-State		

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

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	[REDACTED]

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input checked="" type="radio"/> Unk
<input checked="" type="checkbox"/> Feline	DSH	gry tab	Approximate AGE: 2 1/2 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 3 <input type="checkbox"/> LB	
<input type="checkbox"/>			OTHER: NONE	

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: 8-1-25 Scan: 8-6-25 NONE

CUSTODY RECORD PREPARED BY

Signature: [REDACTED]	DATE: (MM/DD/YY) 8/1/25
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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: Euth HOLDING PERIOD EXPIRES ON (Date): 8-25

DATE: (MM/DD/YY) 8-25 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 Other Releasing Agency (name of agency)	Other
		8-25				

Did you contact another shelter? NO Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41396	CUSTODY DATE MM/DD/YY 8/1/25	TIME 3:40 ^{AM} _{PM}
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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:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES <input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	BREED DSH	COLOR / MARKINGS gry tab	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y <input checked="" type="radio"/> N <input type="radio"/> Unk
			Approximate AGE: 2 1/2 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
			Approximate WEIGHT: 3 <input type="checkbox"/> LB
			OTHER: NONE

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: 8-125 Scan: NONE

CUSTODY RECORD PREPARED BY

Signature: [Redacted] DATE: (MMDDYY) 8/1/25

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: Euth HOLDING PERIOD EXPIRES ON (Date): 8-8-25

DATE: (MMDDYY) 8-8-25 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
		8/1/25 ✓				

Did you contact another shelter? NO Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

4137

CUSTODY DATE
MM/DD/YY

8-1-25

TIME

5:40

AM

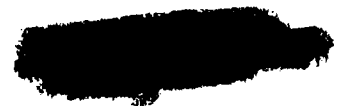
PM

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:
Name: Out-of-State



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

DSH

Orange

Approximate AGE: 10 wk YR MO

Canine

Approximate WEIGHT: 2 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: 8-1-25
Scan: 8-2-25
None

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-1-25

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): 8-8-25

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

8-7-25

Did you contact another shelter?

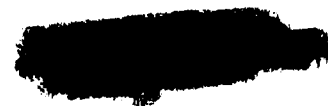
Why did they decline to accept?

ANIMAL ID 41397 41319	CUSTODY DATE MM/DD/YY 8-1-25	TIME 5:40 PM	AM PM
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REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

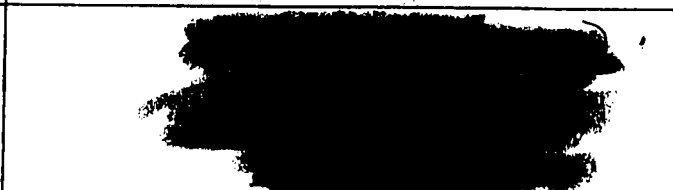
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:
Name:		<input type="checkbox"/> Out-of-State	



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

OWNER'S NAME & ADDRESS (if known)



ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	Orange	Approximate AGE: 10 wk	<input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 2	<input 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: 8-1-25 Scan: 8-2-25 None

CUSTODY RECORD PREPARED BY

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

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): 8-8-25

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
		8-7-25				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41398	CUSTODY DATE MM/DD/YY	8-1-25	TIME	5:00 PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	Found (trapped) on Worskams St. Fecal

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	Orange	Approximate AGE: 1 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 3 <input 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: 8-1-25 Scan: 8-2-25 None

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-1-25

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): 8-8-25

DATE: (MM/DD/YY)	8-7-25	FINAL MICROCHIP SCAN PERFORMED BY (Initials)	[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
		8-7-25				

Did you contact another shelter? NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter


ANIMAL CUSTODY RECORD

ANIMAL ID: 41399 CUSTODY DATE: 8-2-25 TIME: 8 ^{AM} _{PM}

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:
Name: _____ Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN


OWNER'S NAME & ADDRESS (if known) _____

ADDITIONAL INFORMATION
Urine disease
Hw Positive

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	<u>Beagle</u>	<u>tri</u>	Approximate AGE: <u>5</u> ^{YR} <input type="checkbox"/> MO	Approximate WEIGHT: <u>30</u> ^{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)
<u>none</u>	<u>none</u>	<u>none</u>	<u>none</u>	Scan: <u>8-2-25</u> Scan: <u>8-5-25</u> <u>not done</u>

CUSTODY RECORD PREPARED BY

Signature:  DATE: (MM/DD/YY) 8-2-25

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):** 8-9-25

DATE: (MM/DD/YY) 8-8-25 **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
		<u>8-8-25</u>				

Did you contact another shelter? NO Why did they decline to accept? _____

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	411400	CUSTODY DATE MM/DD/YY	8-2-25	TIME	9:15 AM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

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

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 checked="" type="checkbox"/> Feline	DSH	org / white	Approximate AGE:	6 wks <input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT:	1# <input 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: 8-2-25 8-5-25 none

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY)
	8-2-25

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	Adopted	HOLDING PERIOD EXPIRES ON (Date):	8-9-25
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DATE: (MM/DD/YY)	8-16-25	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
	8-16-25					

Did you contact another shelter? NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41401	CUSTODY DATE MM/DD/YY	8-2-25	TIME	7:45 ^{AM} PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia			
Name:		<input type="checkbox"/> Out-of-State			

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

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk	
<input checked="" type="checkbox"/> Feline	DSH	DIL TORT	Approximate AGE:	1	<input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT:	6	<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: 8-2-25 Scan: 45-25 None

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MMDDYY) 8-2-25

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: Euth HOLDING PERIOD EXPIRES ON (Date): 8-9-25

DATE: (MMDDYY) 8-13-25 FINAL MICROCHIP SCAN PERFORMED BY (Name):

Returned to Owner	Adopted	Euthanized	Died in Custody	Transferred to Another Virginia Releasing Agency (name of agency)	Transferred to Other State Releasing Agency (name of agency)	Other
		8-13-25				

Did you contact another shelter? NO Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41402	CUSTODY DATE MM/DD/YY	8-2-25	TIME	7:18 ^{AM} PM
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REASON FOR CUSTODY (mark appropriate box)

<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]
<input type="checkbox"/> Transfer from Another Releasing Agency	<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:	<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)

[REDACTED]	ADDITIONAL INFORMATION
	[REDACTED]

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 checked="" type="checkbox"/> Feline	DSH	Blk/white	Approximate AGE: 1	<input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 9	<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: 8-2-25 Scan: 8-3-25 none

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] DATE: (MM/DD/YY) 8-2-25

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

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? NO Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

411403

CUSTODY DATE
MM/DD/YY

8/2/25

TIME

8:42

(AM)
PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

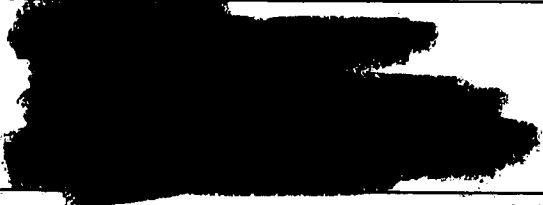
- Stray / At Large
- Owner Surrender
- Seized
- Bite Case Quarantine

- Transfer from Another Releasing Agency
- Virginia
- Other:
- Name: Out-of-State

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



-too much to handle

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: <input checked="" type="radio"/> N <input type="radio"/> Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	great dane / lab x	black / white	Approximate AGE: 1 yr	<input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 80	<input checked="" type="checkbox"/> L <input type="checkbox"/> B
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	harness & tan collar	Scan: [redacted] Sc: [redacted]

CUSTODY RECORD PREPARED BY

Signature:



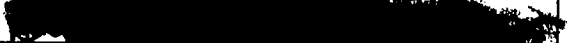
DATE: (MM/DD/YY)

8/2/25

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

Adopted

HOLDING PERIOD EXPIRES ON (Date):

8-5-25

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

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
	8-12-25					

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41403	CUSTODY DATE MM/DD/YY 8/2/25	TIME 8:42	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAHS
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:	
Name:		<input type="checkbox"/> Out-of-State		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	- too much to handle - name was "Atlas", now "Thor"

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: <input checked="" type="radio"/> N <input type="radio"/> Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	great dane / lab x	black / white	Approximate AGE: 1 yr <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 80 <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	harness & tan collar	Scan: 312125 Scan 8-12-25 [REDACTED]

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8/2/25

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 contact the shelter.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL: Adopted		HOLDING PERIOD EXPIRES ON (Date): 8-3-25				
DATE: (MM/DD/YY) 8-12-25		FINAL MICROCHIP SCAN PERFORMED BY (Initial): [Signature]				
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?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41404	CUSTODY DATE MM/DD/YY	8-2-25	TIME	7:10	AM PM
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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 type="checkbox"/> Bite Case Quarantine	D AHS	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input checked="" type="checkbox"/> Other		
Name:		<input type="checkbox"/> Out-of-State	Bo Here		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	Born TO Doo 8-10-25 41317


ANIMAL DESCRIPTION				
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline	DSH	TORT	Approximate AGE: 0	<input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 202	<input 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: 8-2-25 Scan: none

CUSTODY RECORD PREPARED BY	
Signature: 	DATE: (MM/DD/YY) 8-2-25

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 weeks old 10-2-25
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DATE: (MM/DD/YY) 8-10-25	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
			8-10-25			

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41405	CUSTODY DATE MM/DD/YY 8-2-25	TIME 7:10	AM PM
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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 type="checkbox"/> Bite Case Quarantine	D AHS
<input type="checkbox"/> Transfer from Another Releasing Agency Name:	<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input checked="" type="checkbox"/> Other: Born Here		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	Born TO Dad 8-10-20 41317

ANIMAL DESCRIPTION				
SPECIES <input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	BREED DSTH	COLOR / MARKINGS BLK	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk	Approximate AGE: 0 <input type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 202 <input 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: 8-2-25 Scan: none

CUSTODY RECORD PREPARED BY	
Signature: 	DATE: (MM/DD/YY) 8-2-25

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): 10-2-25 (8 wks) old.
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DATE: (MM/DD/YY) 8-10-25	FINAL MICROCHIP SCAN PERFORMED BY (Initial): 
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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
			8-10-25			

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41406

CUSTODY DATE
MM/DD/YY

8-2-25

TIME

7:10

AM
PM

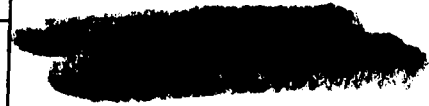
REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Out-of-State
Name:

Other:
Born Here



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Born TO
Dying - NOT THRIVING

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 checked="" type="checkbox"/> Feline	DSH	BLK	Approximate AGE: <input type="checkbox"/> YR <input type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 202 <input 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: 8-2-25 Scan: 8-5-25 none

CUSTODY RECORD PREPARED BY

Signature:



DATE: (MM/DD/YY)

8-2-25

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): 10-2-25

Born here Swk old

DATE: (MM/DD/YY)

8-12-25

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
		8-12-25				

Did you contact another shelter? No

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41407

CUSTODY DATE
MM/DD/YY

8-2-25

TIME

7:10

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
Name: Out-of-State

Other:
Born Here



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Born TO
41317

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 checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	gray tabby	Approximate AGE: <input type="checkbox"/> YR <input type="checkbox"/> MO	Approximate WEIGHT: 202 <input 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: 8-2-25 Scan: 8-3-25 none

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-2-25

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 wks old)
10-2-25

DATE: (MM/DD/YY)

8-10-25

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
		8-10-25				

Did you contact another shelter? NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41408	CUSTODY DATE MM/DD/YY	8-2-25	TIME	7:10	AM PM
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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 type="checkbox"/> Bite Case Quarantine	[REDACTED]	
<input type="checkbox"/> Transfer from Another Releasing Agency	<input type="checkbox"/> Virginia	<input checked="" type="checkbox"/> Other: BORN HERE			
Name:					

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	Born TO NOT Thriving ALL MOST Dead in Am. 8-10-25 41317

ANIMAL DESCRIPTION				
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline	DSTH	TORT	Approximate AGE: 0	<input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 202	<input 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: 8-2-25 Scan: 8-3-25 none

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-2-25

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): 10-2-25 (8 WKS old)
DATE: (MM/DD/YY) 8-10-25	FINAL MICROCHIP SCAN PERFORMED BY (Initial): BORN HERE

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
		8.10.25				

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41409	CUSTODY DATE MM/DD/YY 8-2-25	TIME 7:10	AM <input checked="" type="radio"/> PM <input type="radio"/>
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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 type="checkbox"/> Bite Case Quarantine	D A H S
<input type="checkbox"/> Transfer from Another Releasing Agency Name:	<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input checked="" type="checkbox"/> Other: Born Here		

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

	Born TO Doa-8-9-25 41317
--	--------------------------------

ANIMAL DESCRIPTION

SPECIES <input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	BREED DSH	COLOR / MARKINGS Tort	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y <input checked="" type="radio"/> N <input type="radio"/> Unk
			Approximate AGE: 0 <input type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 202 <input 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: 8-2-25 Scan: 8-3-25 none

CUSTODY RECORD PREPARED BY

Signature:  **DATE: (MM/DD/YY)** 8-2-25

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):** 10-2-25 (8 wks)

DATE: (MM/DD/YY) 8-9-25 **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
			8-9-25			

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41410

CUSTODY DATE
MM/DD/YY

8-2-25

TIME

7:31

AM
PM

REASON FOR CUSTODY (mark appropriate box)

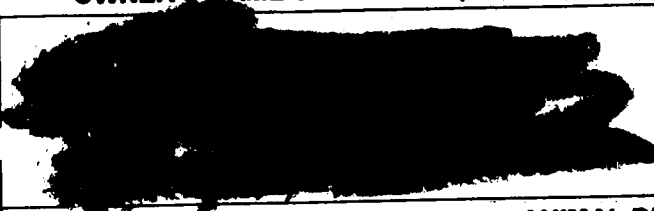
LOCATION WHERE CUSTODY WAS TAKEN

- Stray / At Large
 - Owner Surrender
 - Seized
 - Bite Case Quarantine
 - Transfer from Another Releasing Agency
 - Virginia
 - Other:
 - Out-of-State
- Name: _____

DASH

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	shih tzu	Blk/white	Approximate AGE: 5	<input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 10	<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: 8-2-25 Scan: 8-2-25

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MMDD/YY)



8-2-25

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

Adoption

HOLDING PERIOD EXPIRES ON (Date):

8-3-25

DATE: (MMDD/YY)

8-10-25

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
<i>[Signature]</i>						

Did you contact another shelter? NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41411

CUSTODY DATE
MM/DD/YY

8-2-25

TIME

1:40

AM
PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

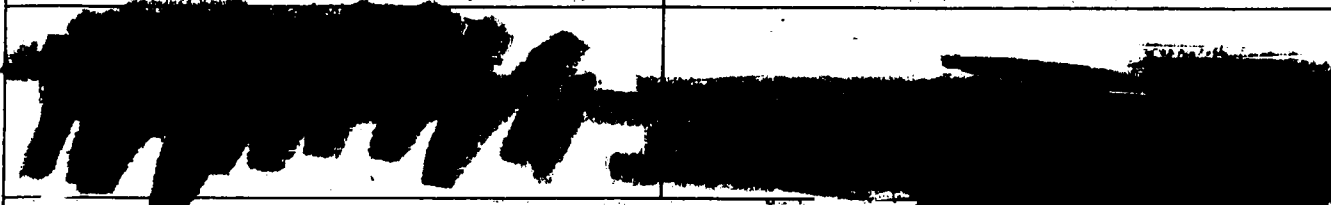
Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:
Name: Out-of-State

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



ANIMAL DESCRIPTION

SPECIES BREED COLOR / MARKINGS SEX: Male Female Altered: Y N Unk

Feline
 Canine

Chi Ferrier

Tan

Approximate AGE: 1 yr 4 months YR MO

Approximate WEIGHT: 8# 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

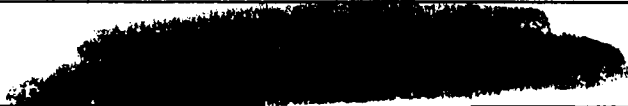
gray
Harness

Scan: 8-2-25
Scan: 8-5-25
none

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)



8-2-25

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: Transferred HOLDING PERIOD EXPIRES ON (Date): 8-14-25

DATE: (MM/DD/YY) 8-27-25 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

Virginia Beach Spca

Did you contact another shelter?

8-27-25 Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41412

CUSTODY DATE
MM/DD/YY

8-2-25

TIME

3:10

AM
PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

Stray / At Large Owner Surrender Seized Bite Case Quarantine

DAHS

Transfer from Another Releasing Agency Virginia Other:

Name:

Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

pt.

Brindle

Approximate AGE: 3 mths YR MO

Approximate WEIGHT: 10lb 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: 8-2-25
Scan: 8-4-25
none

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-2-25

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...

SIGNATURE

DISPOSITION OF ANIMAL

Euth

HOLDING PERIOD EXPIRES: 08/02/2025

DATE: (MM/DD/YY)

8/5/25

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

8/5/25

Did you contact another shelter? NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41413	CUSTODY DATE MM/DD/YY	8-2-25	TIME	3:10	AM <input checked="" type="radio"/> PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<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			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	

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"/>	pot.	Dark Brindle	Approximate AGE: 3 mths <input type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 5 lb <input 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: 8-2-25 Scan: 8-4-25 none

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-2-25

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, I will contact the shelter within 30 days of the date of this statement.	
SIGNATURE: [REDACTED]	

DISPOSITION OF ANIMAL: Euth	HOLDING PERIOD EXPIRES ON (Date): 08/04/2025
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DATE: (MM/DD/YY)	8-5-25	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
		8525				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41414

CUSTODY DATE
MM/DD/YY

8/3/25

TIME

8:57

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:
Name: Out-of-State



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N <input checked="" type="checkbox"/> Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	heeler x	black w/ little white on feet	Approximate AGE: 3-4 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	Approximate WEIGHT: 30 <input checked="" type="checkbox"/> LB
OTHER:				

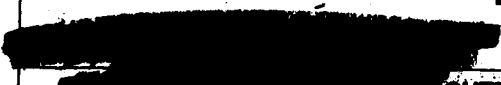
ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO)

License Tag (Number - Details)	Rabies Tag (Number - Details)	Tattoo (Describe)	Collar (Describe - Color, Type, etc.)	Microchip or Other Identification (Describe - Details)
NON	NON	NON	None	Scan: NO 8/3/25 Scan 8525 none detected

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)



8/3/25

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

Euth

HOLDING PERIOD EXPIRES ON (Date):

8-10-25

DATE: (MM/DD/YY)

8-13-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)



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
		8-13-25				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41415

CUSTODY DATE
MM/DD/YY

8/31/25

TIME

8:57

AM
PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large
 Owner Surrender
 Seized
 Bite Case Quarantine

LOCATION WHERE CUSTODY WAS TAKEN



Transfer from Another Releasing Agency
 Virginia
 Other:

Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Bennett

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input checked="" type="radio"/> N <input type="radio"/> Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	hound x	brown/tan & wht	Approximate AGE: 1-2	<input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 35	<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	green	Scan: 8/31/25 Scan: 8/15/25 none detected

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8/31/25

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

Euth

HOLDING PERIOD EXPIRES ON (Date): 8/1/25

DATE: (MM/DD/YY)

8/28/25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)

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
		8/28/25				

Did you contact another shelter? NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41416	CUSTODY DATE MM/DD/YY	8/13/2025	TIME	11:51	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]	
<input type="checkbox"/> Transfer from Another Releasing Agency	<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
Name:				<input type="checkbox"/> Out-of-State	

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	unweaned CIT

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Altered: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	
<input checked="" type="checkbox"/> Feline	DSH	gray tabby	Approximate AGE: 2-3 wks <input type="checkbox"/> YR <input type="checkbox"/> MO		
<input type="checkbox"/> Canine			Approximate WEIGHT: 1 <input 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: 8-3-25 Scan: 8-5-25 None

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 08/13/2025

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: [REDACTED]

DISPOSITION OF ANIMAL	HOLDING PERIOD EXPIRES ON (Date): 8-16-26
DATE: (MM/DD/YY) 8-7-25	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
		8-7-25 unweaned				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41416	CUSTODY DATE MM/DD/YY	8/13/2025	TIME	11:51	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	unweaned CIT

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Altered: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	
<input checked="" type="checkbox"/> Feline	DSH	gray tabby	Approximate AGE: 2-3 wks <input type="checkbox"/> YR <input type="checkbox"/> MO		
<input type="checkbox"/> Canine			Approximate WEIGHT: 1 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: 8-3-25 Scan: 8-5-25 None

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 08/13/2025

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): 8-16-26
-----------------------	---

DATE: (MM/DD/YY)	8-7-25	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
		8-7-25 unweaned				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41417

CUSTODY DATE
MM/DD/YY

8-4-25

TIME

11

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:

Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Unknown

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	Black white	Approximate AGE: 8 wks	<input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 1	11 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: 8-4-25 Scan: 8-5-25 None Def

CUSTODY RECORD PREPARED BY

Signature: _____ DATE: (MM/DD/YY)

8-4-25

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): 8-11-25

DATE: (MM/DD/YY)

8-12-25

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
		8-12-25				

Did you contact another shelter? No

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41418

CUSTODY DATE
MM/DD/YY

08/13/2025

TIME

1151

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:

Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

CIT

unwounded

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female Altered: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	gray tabby	Approximate AGE: 2-3wks <input type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 1 <input 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: 8-3-25 Scan: 8-5-25 None Det

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

08/13/2025

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): 8-10-25

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
		8-7-25 unwounded				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41419

CUSTODY DATE
MM/DD/YY

8/13/2025

TIME

1151

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:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

CIT
unweaned

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline	DSH	gray tabby	Approximate AGE: 2-3 wks <input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: <input 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: 8-3-25 Scan: 8-5-25 None Det

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8/13/2025

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): 8-10-25

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
		8-7-25				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41420	CUSTODY DATE MM/DD/YY	8/3/2025	TIME	1151	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	Caught in trap NOT Thriving Unweaned

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline	D3H	black	Approximate AGE: 2-3 wks <input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 1 SLB
<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: 8-3-25 Scan: 8-5-25 None

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 08/3/2025

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): 8-10-25				
DATE: (MM/DD/YY) 8-7-25		FINAL MICROCHIP SCAN PERFORMED BY [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
		8-7-25 Unweaned				

Did you contact another shelter? **NO** Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41421	CUSTODY DATE MM/DD/YY	08/13/2025	TIME	1151	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	CIT unweaned

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline	DSH	black	Approximate AGE: 2-3wks <input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 1 <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: 8-3-25 Scan: 8-5-25 none Det

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 08/13/2025

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): 8-10-25				
DATE: (MM/DD/YY) 8-7-25		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
		8-7-25				

Did you contact another shelter? No Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41422

CUSTODY DATE
MM/DD/YY

8/13/2025

TIME

1151

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:

Name:

Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

UNweaned
NO mamma cat

CIT

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Altered: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	black	Approximate AGE: 2-3wks <input type="checkbox"/> YR <input type="checkbox"/> MO	Approximate WEIGHT: 1 <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: 8-3-25 Scan: 8-6-25 None Det

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

08/13/2025

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): 8-10-25

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
		8-7-25 unweaned				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41423

CUSTODY DATE
MM/DD/YY

08-03-25

TIME

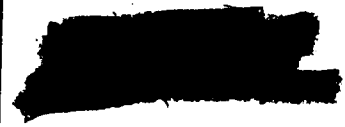
2:00 AM
PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

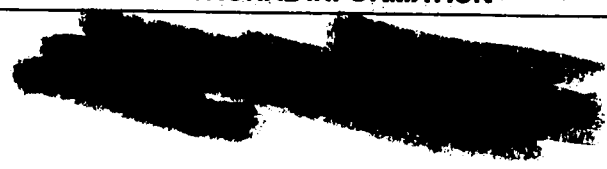
Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:
Name: Out-of-State



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered <input type="checkbox"/> Y <input checked="" type="checkbox"/> Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Yorkie x	black & blonde	Approximate AGE: 4-5 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 15 <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	black + "bark collar"	Scan: NONE Scan: NONE

CUSTODY RECORD PREPARED BY

Signature:



DATE: (MM/DD/YY)

08-03-25

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

ADOPTED

HOLDING PERIOD EXPIRES ON (Date):

8-15-25

DATE: (MM/DD/YY)

8-4-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)



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
8-4-25						

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41425	CUSTODY DATE MM/DD/YY	8/14/25	TIME	11:40	AM PM
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REASON FOR CUSTODY (mark appropriate box) LOCATION WHERE CUSTODY WAS TAKEN

<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	
<input type="checkbox"/> Transfer from Another Releasing Agency	<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State		

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

	Gigi
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ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline	French Bulldog	Tri	Approximate AGE: 3 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 20 <input checked="" type="checkbox"/> LB 5	
<input type="checkbox"/>			OTHER: NONE	

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: None 8-11-25 8625

CUSTODY RECORD PREPARED BY

Signature:	DATE: (MM/DD/YY) 8/14/25
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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: Adopted HOLDING PERIOD EXPIRES ON (Date): 8-11-25

DATE: (MM/DD/YY) 8-19-25 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
	8-19-25					

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41425	CUSTODY DATE MM/DD/YY	8/4/25	TIME	11:40	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

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

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk	
<input checked="" type="checkbox"/> Feline	French Bulldog	Tri	Approximate AGE: 3 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO		
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 25 <input checked="" type="checkbox"/> LB 5		
<input type="checkbox"/>			OTHER: NONE		

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: NONE 8-4/25 8625

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MMDD/YY) 8/4/25

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: <u>Adopted</u>	HOLDING PERIOD EXPIRES ON (Date): <u>8-11-25</u>
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DATE: (MMDD/YY) <u>8-19-25</u>	FINAL MICROCHIP SCAN PERFORMED BY (Initial):
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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
	8-19-25					

Did you contact another shelter?

Why did they decline to accept?

City of Danville
 Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41426 CUSTODY DATE: 8/4/25 TIME: 11:40 ^{AM} _{PM}

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:
 Name: Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN
 [Redacted] rd Danville VA 24540

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

ANIMAL DESCRIPTION

SPECIES: Canine BREED: Husky Mix COLOR / MARKINGS: tan SEX: Male Female Altered: Y ^N _{Unk}

Approximate AGE: 3 YR MO

Approximate WEIGHT: 40 LB S

OTHER: NONE

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)
<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>blk/wht</u>	Scan: <u>8-4-25</u> Scan: <u>[Redacted]</u>

CUSTODY RECORD PREPARED BY

Signature: [Redacted] DATE: (MM/DD/YY) 8/4/25

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 Euth **HOLDING PERIOD EXPIRES ON (Date)** 8-16-25

DATE: (MM/DD/YY) 8-19-25 **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
		<u>879-25</u>				

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41427	CUSTODY DATE MM/DD/YY	8-4-25	TIME	12:15	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	Can't Keep

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	gray tabby	Approximate AGE: 2 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 15 <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: 8-4-25 None Det

CUSTODY RECORD PREPARED BY		DATE: (MM/DD/YY)
[REDACTED]		8-4-25

OWNER SURRENDER STATEMENT

I am the rightful owner of this animal. I surrender all property rights in this animal. I understand that this animal may be immediately otherwise disposed in accordance with Virginia Code, Title 3.2, Ch. 65. If I want the animal, I will follow the adoption procedures.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL		HOLDING PERIOD EXPIRES ON (Date):				
DATE: (MM/DD/YY) 8-5-25		FINAL MICROCHIP SCAN PERFORMED BY (Initials): [REDACTED]				
Returned to Owner	Adopted	Euthanized	Died in Custody	Transferred to Another Virginia Releasing Agency (name of agency)	Transferred to Other Releasing Agency (name of agency)	Other
		8-5-25				

Did you contact another shelter? **NO** Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41428	CUSTODY DATE MM/DD/YY	8-4-25	TIME	12:20	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[Redacted]	
<input type="checkbox"/> Transfer from Another Releasing Agency Name:		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
Unknown	Can't keep [Redacted]

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk	
<input checked="" type="checkbox"/> Feline	D.S.H.	Tortshell	Approximate AGE: 7wks <input type="checkbox"/> YR <input type="checkbox"/> MO		
<input type="checkbox"/> Canine			Approximate WEIGHT: 1 <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: 8-4-25 Scan: 8-13-25 None Det

CUSTODY RECORD PREPARED BY		DATE: (MMDDYY)
[Redacted]		8-4-25

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	Adopted	HOLDING PERIOD EXPIRES ON (Date):	8-11-25
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DATE: (MMDDYY)		FINAL MICROCHIP SCAN PERFORMED BY (Initial):				
8-13-25		[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
	8-13-25					

Did you contact another shelter? *yes* Pet Center

Why did they decline to accept? *Booked up*

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41429	CUSTODY DATE MM/DD/YY 8-4-25	TIME 1200	AM <input type="radio"/>	PM <input checked="" type="radio"/>
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]
<input type="checkbox"/> Transfer from Another Releasing Agency Name:		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:	

OWNER'S NAME & ADDRESS (if known) Unknown	ADDITIONAL INFORMATION [REDACTED]
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ANIMAL DESCRIPTION			
SPECIES <input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	BREED DSTH	COLOR / MARKINGS Blk	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk Approximate AGE: 7 WKS <input type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 1 <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) None	Rabies Tag (Number - Details) None	Tattoo (Describe) None	Collar (Describe - Color, Type, etc.) None	Microchip or Other Identification (Describe - Details) Scan: 8-4-25 Scan: 8-10-25 None Det

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-4-25

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 *Euth* **HOLDING PERIOD EXPIRES ON (Date):** 8-11-25

DATE: (MM/DD/YY) 8-14-25	FINAL MICROCHIP SCAN PERFORMED BY (Initial): [REDACTED]					
Returned to Owner	Adopted	Euthanized 8-14-25	Died in Custody	Transferred to Another Virginia Releasing Agency (name of agency)	Transferred to Out-of-State Releasing Agency (name of agency)	Other

Did you contact another shelter? *Yes* Why did they decline to accept? *NO*

Ref Centers

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41430	CUSTODY DATE MM/DD/YY	8-4-25	TIME	12:50	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
Unknown	[REDACTED]

ANIMAL DESCRIPTION				
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	BLACK	Approximate AGE: 4-5 wks <input type="checkbox"/> YR <input type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 1 <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: 8-4-25 Scan # 1025 None Det

CUSTODY RECORD PREPARED BY		DATE: (MM/DD/YY)
[REDACTED]		8-4-25

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):
Euth	8-11-25

DATE: (MM/DD/YY)	FINAL MICROCHIP SCAN PERFORMED BY
8-14-25	[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
		8-14-25				

Did you contact another shelter? yes Why did they decline to accept? NO
P.C. they were closed

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41431	CUSTODY DATE MM/DD/YY	8-4-25	TIME	12:56	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input 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:		

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

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk	
<input checked="" type="checkbox"/> Feline	DSH	Blk	Approximate AGE: 4-5 wks <input type="checkbox"/> YR <input type="checkbox"/> MO		
<input type="checkbox"/> Canine			Approximate WEIGHT: 1 <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: 8-4-25 Scan 81025 None Det

CUSTODY RECORD PREPARED BY	
	DATE: (MMDDYY) 8-4-25

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: Euth **HOLDING PERIOD EXPIRES ON (Date):** 8-11-25

DATE: (MMDDYY)	8-19-25	FINAL MICROCHIP SCAN PERFORMED BY (Initials)				
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
		8-17-25				

Did you contact another shelter? *Yes* Why did they decline to accept? *NO*
Ret Center

ANIMAL ID	41432	CUSTODY-DATE MM/DD/YY	8-4-25	TIME	1:44	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAHS	
<input type="checkbox"/> Transfer from Another Releasing Agency Name:		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	She can't keep Wild Feral

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk	
<input checked="" type="checkbox"/> Feline	DAHS	BLACK	Approximate AGE: 6-7 wks <input type="checkbox"/> YR <input type="checkbox"/> MO		
<input type="checkbox"/> Canine			Approximate WEIGHT: 1 <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: 8-4-25 Scan 8525 None Det

CUSTODY RECORD PREPARED BY		DATE: (MM/DD/YY)
[REDACTED]		8-4-25

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: [REDACTED]

DISPOSITION OF ANIMAL: Euth HOLDING PERIOD EXPIRES: 8-5-25

DATE: (MM/DD/YY)	8-5-25	FINAL MICROCHIP SCAN PERFORMED BY (Initials)	[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
		8525				

Did you contact another shelter? *yes* Why did they decline to accept? *They wouldn't take them*

Ret Center

ANIMAL ID 41433	CUSTODY DATE MM/DD/YY 8-4-25	TIME 1:44	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAHS	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	She Can't Keep Wild

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DAHS	Black White	Approximate AGE: 6-7 WKS <input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 1 <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: 8-4-25 Scan 8525 None Det

CUSTODY RECORD PREPARED BY		DATE: (MM/DD/YY)
[REDACTED]		8-4-25

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 be responsible for all costs.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL: Euth	HOLDING PERIOD: 8-5-25					
DATE: (MM/DD/YY)	FINAL MICROCHIP SCAN PERFORMED BY (Initials)					
8-5-25	[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
		8525				

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

They wouldn't take them

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41434

CUSTODY DATE
MM/DD/YY

8-4-25

TIME

1:44

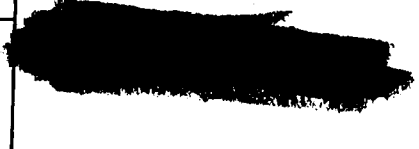
AM
PM

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:
- Name: _____
- Out-of-State



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



She can't keep wild

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

DAHS

BLACK white

Approximate AGE: 6-7 wks YR MO

Approximate WEIGHT: 1 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: 8-4-25
Scan: 8-4-25
NOTE Det

CUSTODY RECORD PREPARED BY

DATE: (MM/DD/YY)

8-4-25

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 the procedures.

SIGNATURE

DISPOSITION OF ANIMAL

Euth

HOLDING PERIOD EXPIRES ON (Date):

8-5-25

DATE: (MM/DD/YY)

8-5-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)



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

8-5-25

Did you contact another shelter?

yes
Ret Center

Why did they decline to accept?

They wouldn't take them

ANIMAL ID 41435	CUSTODY-DATE MM/DD/YY 8-4-25	TIME 1:44	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:	
Name:		<input type="checkbox"/> Out-of-State		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	She Can't Keep Wild

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DAHS	Seal Pt.	Approximate AGE: 8-7 wks <input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 1 <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: 8-4-25 Scan 8-4-25 None Det

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-4-25

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: [REDACTED]

DISPOSITION OF ANIMAL: Euth	HOLDING PERIOD: [REDACTED]					
DATE: (MM/DD/YY) 8-5-25	FINAL MICROCHIP SCAN PERFORMED BY: [REDACTED]					
Returned to Owner	Adopted	Euthanized	Died in Custody	Transferred to Another Virginia Releasing Agency (name of agency)	Transferred to Out- Releasing Agency (name of agency)	Other
		8-5-25				

Did you contact another shelter? yes Why did they decline to accept? Ret Center They wouldn't take them

ANIMAL ID 41436	CUSTODY DATE MM/DD/YY 8-4-25	TIME 1:44	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:	
Name:		<input type="checkbox"/> Out-of-State		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	She Can't Keep Wild

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DAHS	DRG	Approximate AGE: 6-7wks <input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 1 <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: 8-4-25 Scan: 8-4-25 None Det

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-4-25

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: [REDACTED]

DISPOSITION OF ANIMAL: Euth		HOLDING PERIOD EXPIRES ON: [REDACTED]				
DATE: (MM/DD/YY)	FINAL MICROCHIP SCAN PERFORMED BY: [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
		8-5-25				

Did you contact another shelter? yes Why did they decline to accept? Ret Center
They wouldn't take them

ANIMAL ID	41437	CUSTODY DATE MM/DD/YY	8-4-25	TIME	2:12	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DASH	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	Moving

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"/>	Bully	GRY	Approximate AGE: 2 YR <input checked="" type="checkbox"/> MO
			Approximate WEIGHT: 20 <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: 8-4-25 Scan: 8-5-25 None

CUSTODY RECORD PREPARED BY	DATE: (MM/DD/YY)
[REDACTED]	8-4-25

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 to be returned to me, I will follow the procedures.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL	Adopted	HOLDING PERIOD EXPIRES ON/AT	8-5-25
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DATE: (MM/DD/YY)	8-15-25	ANIMAL 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
	8-15-25					

Did you contact another shelter? *yes* **Why did they decline to accept?** *said they were full*

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41437

CUSTODY DATE
MM/DD/YY

8-4-25

TIME

2:12

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:
Name: Out-of-State

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



moring

ANIMAL DESCRIPTION

Stella

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline
 Canine

Bully

GRY

Approximate AGE: 2 YR MO

Approximate WEIGHT: 20 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: 8-4-25
Scan: 8-5-25
None

CUSTODY RECORD PREPARED BY

Signature

DATE: (MMDDYY)



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...

SIGNATURE:

DISPOSITION OF ANIMAL

Adopted

HOLDING PERIOD EXPIRES

8-5-25

DATE: (MMDDYY)

8-15-25

ANIMAL 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

8-15-25

Did you contact another shelter?

yes

Why did they decline to accept?

Said they were full

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41438	CUSTODY DATE MM/DD/YY	8-4-25	TIME	12:30	AM <input checked="" type="radio"/> PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	Shelter	
<input type="checkbox"/> Transfer from Another Releasing Agency	<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	Autumn

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"/>	Lab K	Tan	Approximate AGE: 1 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	Approximate WEIGHT: 40# <input 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)
✓	non	non	Harness	Scan: 84-25 Scan: 8-8-25

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MMDDYY) 8-4-25

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 to be returned to me, I will follow the adoption procedures.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL	HOLDING PERIOD EXPIRES ON (Date): 8-8-25
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DATE: (MMDDYY)	8-8-25	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
		8-8-25				

Did you contact another shelter? NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41439	CUSTODY DATE MM/DD/YY	8/4/25	TIME	2:00	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

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

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	Pitbull	gray/wh	Approximate AGE: 3 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO		
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 45 <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	orange/gray	Scan: 8-4-25 Scan: NONE

CUSTODY RECORD PREPARED BY	
Signature	DATE: (MM/DD/YY)
	8/4/25

I am the rightful owner of 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):				
DATE: (MM/DD/YY)	8-5-25	8-16-25				
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
8-5-25						

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41440

CUSTODY DATE
MM/DD/YY

8/4/25

TIME

2:00

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:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline
 Canine

Lab

blk

Approximate AGE: 10 YR MO

Approximate WEIGHT: 40 LBS

OTHER: NONE

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

KONG HARNESS

Scan: 842
Scan NONE
Det

A CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8/4/25

OWNER STATEMENT

I am the rightful owner of this animal. I surrender all 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: ADOPTED

HOLDING PERIOD EXPIRES ON (Date): 8-16-25

DATE: (MM/DD/YY)

8/5/25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)

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

8/5/25

Did you contact another shelter?

Why did they decline to accept?

ANIMAL ID 41442	CUSTODY DATE MM/DD/YY 8-4-25	TIME 12:30	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DASH	
<input type="checkbox"/> Transfer from Another Releasing Agency Name:		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	Can't Keep G Retng

ANIMAL DESCRIPTION			
SPECIES <input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	BREED DSH	COLOR / MARKINGS OEA/white	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N Unk Approximate AGE: 2 YR <input type="checkbox"/> MO Approximate WEIGHT: 6 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: 8-4-25 Scan: 8-4-25 None Det

CUSTODY RECORD PREPARED BY	
Signature: [Redacted]	DATE: (MM/DD/YY) 8-4-25

RIGHTFUL OWNER SURRENDER STATEMENT

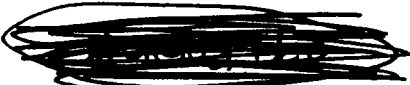
I am the rightful owner of this animal. I surrender all property rights in this animal. No other person has a right of property in this animal. I understand that this animal may be immediately euthanized or otherwise disposed in accordance with Virginia Code, Title 3.2, Ch. 65. If I want the animal back, I will follow adoption procedures.

SIGNATURE:

DISPOSITION OF ANIMAL Euth **HOLDING PERIOD EXPIRES ON (Date)** 8-11-25

DATE: (MM/DD/YY) 8-5-25	FINAL MICROCHIP SCAN PERFORMED BY (Initials)					
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
		8525				

Did you contact another shelter? *NO* Why did they decline to accept?



City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41443 CUSTODY DATE: 8/4/25 TIME: 4:15 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
 Impounded
 Out-of-State
 Other: Left @ house

OWNER'S NAME & ADDRESS (if known): [Redacted]

ADDITIONAL INFORMATION: "lol" left at house by owner. never came to get it

SPECIES: Canine BREED: Pit bull M. COLOR / MARKINGS: brindle

SEX: Male Female Altered: Y N Unk

Approximate AGE: 3 YR MO Approximate WEIGHT: 35 LBS OTHER: NONE

License Tag (Number - Details): NONE Rabies Tag (Number - Details): NONE Tattoo (Describe): NONE Collar (Describe - Color, Type, etc.): NONE Microchip or Other Identification (Describe - Details): Scan: 8-4-25 Scan: 8-25-25

Signature: [Redacted] DATE: (MM/DD/YY) 8/4/25

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: 8/11/25

DATE: (MM/DD/YY) 8/13/25 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
		8/17/25				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41445

CUSTODY DATE
MM/DD/YY

8-4-25

TIME

5

AM
PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:
Name: Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Dog is distorted
neighborhood

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline
 Canine

HUSKY

BRINDLE

Approximate AGE: 1 YR MO

Approximate WEIGHT: 50 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: 8-4-25
Scan 8-5-25
None Det

CUSTODY RECORD PREPARED BY

Signature

DATE: (MM/DD/YY)

8-4-25

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 the procedures.

SIGNATURE: [Redacted]

DISPOSITION OF ANIMAL

HOLDING PERIOD EXPIRES ON (Date):

8-5-25

DATE: (MM/DD/YY)

8-27-25

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

Virginia Beach SPCA

Did you contact another shelter? NO

8-27-25 Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41445

CUSTODY DATE
MM/DD/YY

8-4-25

TIME

5

AM
PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

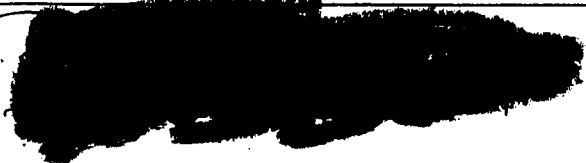
Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:
Name: Out-of-State

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



Dog is distorted
neighborhood

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline
 Canine

HUSKY

BRINDLE

Approximate AGE: 1 YR MO

Approximate WEIGHT: 50 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: 8-4-25
Scan 8-5-25
None Det

CUSTODY RECORD PREPARED BY

Signature

DATE: (MM/DD/YY)

8-4-25

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 to be adopted, I understand the adoption procedures.

SIGNATURE:

DISPOSITION OF ANIMAL

HOLDING PERIOD EXPIRES ON (Date):

8-5-25

DATE: (MM/DD/YY)

8-27-25

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

Virginia Beach SPCA

Did you contact another shelter? *no*

8-27-25 Why did they decline to accept?

ANIMAL ID 41446	CUSTODY-DATE MM/DD/YY 08-03-25	TIME 6:45 AM
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REASON FOR CUSTODY (mark appropriate box) LOCATION WHERE CUSTODY WAS TAKEN

<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	
<input type="checkbox"/> Transfer from Another Releasing Agency	<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name: <input type="checkbox"/> Out-of-State				

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

UNKNOWN	
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ANIMAL DESCRIPTION

SPECIES <input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	BREED DSH	COLOR / MARKINGS gray white tabby	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y <input checked="" type="checkbox"/> Unk
Approximate AGE: 3-4 wks <input type="checkbox"/> YR <input type="checkbox"/> MO			Approximate WEIGHT: 1 <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) No	Rabies Tag (Number - Details) No	Tattoo (Describe) No	Collar (Describe - Color, Type, etc.) No	Microchip or Other Identification (Describe - Details) Scan: NO Scan # 625 None Det
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CUSTODY RECORD PREPARED BY

Signature: DATE: (MM/DD/YY) 08-03-25

RIGHTFUL OWNER SURRENDER STATEMENT

I am the rightful owner of this animal and 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: Euth. HOLDING PERIOD EXPIRES ON (Date): 8.12.25

DATE: (MM/DD/YY) 8.25	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
		8825				

Did you contact another shelter? NO

Why did they decline to accept?

City of Danville Animal Control Officer / Public Animal Shelter			ANIMAL CUSTODY RECORD			
ANIMAL ID 41441 81447	CUSTODY DATE MM/DD/YY 08-05-25		TIME 6:45	AM PM		
REASON FOR CUSTODY (mark appropriate box)			LOCATION WHERE CUSTODY WAS TAKEN			
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case			
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
Name:		<input type="checkbox"/> Out-of-State				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
Unknown			unweaned Not thriving No mamma cat			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: <input type="checkbox"/> Y <input checked="" type="checkbox"/> Unk		
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	gray & white tabby	Approximate AGE: 3-4wk	<input type="checkbox"/> YR <input type="checkbox"/> MO		
			Approximate WEIGHT: 1	<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: 8-5-25 Scan: 8-6-25 None Det		
CUSTODY RECORD PREPARED BY						
Signature:			DATE: (MM/DD/YY)			
			08-05-25			
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: Euth						
DATE: (MM/DD/YY)			HOLDING PERIOD EXPIRES ON (Date): 8-12-25			
8-8-25			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
		8-8-25				

Did you contact another shelter? NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41448	CUSTODY DATE MM/DD/YY	08-05-25	TIME	648 (AM) PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine		
<input type="checkbox"/> Transfer from Another Releasing Agency	<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
Name:		<input type="checkbox"/> Out-of-State			

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

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input checked="" type="checkbox"/> Unk	
<input checked="" type="checkbox"/> Feline	DSH	gray & white tabby	Approximate AGE: 3-4wk <input type="checkbox"/> YR <input type="checkbox"/> MO		
<input type="checkbox"/> Canine			Approximate WEIGHT: 1 <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)
NO	NO	NO	NO	Scan: NO 8-25 Scan 8-6-25 None

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY) 08-05-25

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: Euth	HOLDING PERIOD EXPIRES ON (Date): 8-12-25
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DATE: (MM/DD/YY)	8-8-25	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
		8-8-25				

Did you contact another shelter? NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41449

CUSTODY DATE
MM/DD/YY

8-5-25

TIME

11:30

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:

Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

DSH

814 tabby

Approximate AGE: 8 wks YR MO

Approximate WEIGHT: 1 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: NO 8525
Scan
None Det

CUSTODY RECORD PREPARED BY

Signature

DATE: (MM/DD/YY)

8-5-25

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

ADOPTED

HOLDING PERIOD EXPIRES ON (Date):

DATE: (MM/DD/YY)

8-5-25

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

8-5-25

Do you contact another shelter?

Why did they decline to accept?

ANIMAL ID 41450	CUSTODY DATE MM/DD/YY 8-5-25	TIME 3	AM PM
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REASON FOR CUSTODY (mark appropriate box)		LOCATION WHERE CUSTODY WAS TAKEN
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	[REDACTED]
<input type="checkbox"/> Transfer from Another Releasing Agency	<input type="checkbox"/> Seized	
Name:	<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Bite Case Quarantine
		<input type="checkbox"/> Other:

OWNERS ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DLH	ORG. Tabby	Approximate AGE: 4 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 10 <input 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: 8525 Scan: 8625 none

CUSTODY PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-5-25

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: [REDACTED]

DISPOSITION OF ANIMAL: Euth HOLDING PERIOD: 8-6-25

DATE: (MM/DD/YY) 8-8-25	FINAL MICROCHIP SCAN PERFORMED BY (Initials)					
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
		8825				

Did you contact another shelter? NO Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41451

CUSTODY DATE
MM/DD/YY

8-5-25

TIME

3:30

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:
Name: Out-of-State

D A H S

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

more clean

Frankie

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline
 Canine

Beard
Dy

White

Approximate AGE: 1 YR YR MO

Approximate WEIGHT: 65 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: 8-5-25
Scan: 8-6-25
none

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-5-25

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):

8-6-25

DATE: (MM/DD/YY)

8-8-25

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
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8-8-25

Did you contact another shelter? NO

Why did they decline to accept?

ANIMAL ID 41452	CUSTODY DATE MM/DD/YY 8-5-25	TIME 3:30	AM <input checked="" type="checkbox"/> PM
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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 type="checkbox"/> Bite Case Quarantine	DASH
<input type="checkbox"/> Transfer from Another Releasing Agency Name:		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:	

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	Red dirt Aspen

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"/>	Great Py	White	Approximate AGE: 1 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 65 <input 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: 8-5-25 Scan: 8-6-26 None

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-5-25

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: [REDACTED]

DISPOSITION OF ANIMAL	HOLDING PERIOD EXPIRES ON (Date): 8-6-25					
DATE: (MM/DD/YY) 8-8-25	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
		8-8-25				

Did you contact another shelter? NO Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41454 CUSTODY DATE MM/DD/YY: 08-5-25 TIME: 645 AM PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:

Name: _____ Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN

[REDACTED]

OWNER'S NAME & ADDRESS (if known)

unknown

ADDITIONAL INFORMATION

[REDACTED]

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N <input checked="" type="radio"/> Unk <input type="radio"/>
<input checked="" type="checkbox"/> Feline	<u>DMH</u>	<u>gray & white</u>	Approximate AGE: <u>6/3/24</u>	<input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: <u>20</u>	<input checked="" type="checkbox"/> I B
<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)
<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>	Scan Scan <u>8-5-25</u> <u>8-6-25</u>

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] DATE: (MMDD/YY) 08-5-25

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 Transf. HOLDING PERIOD EXPIRES ON (Date): _____

DATE: (MMDD/YY) 8-27-25 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
				<u>Virginia Beach SPCA</u>		

Did you contact another shelter? NO Why did they decline to accept? 8-27-25

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41455	CUSTODY DATE MM/DD/YY	8-5-25	TIME	8:30 AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y <input checked="" type="checkbox"/> (N) Unk
<input type="checkbox"/> Feline	Pit	grayish brown and white	Approximate AGE: 7 years <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 60 <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: NO 8-3-25 Scan: 8-5-25 None dot

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] DATE: (MM/DD/YY) 08-5-25

RIGHTFUL OWNER SURRENDER STATEMENT

I am the right 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 ADO **HOLDING PERIOD EXPIRES ON (Date):** 8-12-25

DATE: (MM/DD/YY) 8-9-25 **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
8-9-25						

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41456

CUSTODY DATE
MM/DD/YY

8/6/25

TIME

10:07

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:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

In the car engine


ANIMAL DESCRIPTION

<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	BREED DSH	COLOR / MARKINGS Tortise	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N Unk
			Approximate AGE: 3 wks <input type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 1 <input checked="" type="checkbox"/> LBS
			OTHER: NONE

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 8-6-25

CUSTODY RECORD PREPARED BY

Signature:  DATE: (MM/DD/YY)

8/6/25

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): 8-13-25

DATE: (MM/DD/YY)

8-6-25

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
		8-6-25 unwound				

Did you contact another shelter? NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41457	CUSTODY DATE MM/DD/YY	8/6/25	TIME	10:07 ^{AM} PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	In the car engine unworn

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk	
<input checked="" type="checkbox"/> Feline	DSH	Tov face	Approximate AGE: 3 wks <input type="checkbox"/> YR <input type="checkbox"/> MO		
<input type="checkbox"/> Canine			Approximate WEIGHT: 1' <input checked="" type="checkbox"/> LBS		
<input type="checkbox"/>			OTHER: None		

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 8-6-25

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MMDDYY) 8/6/25

OWNER STATEMENT

I am the rightful owner of 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: [REDACTED]

DISPOSITION OF ANIMAL	HOLDING PERIOD EXPIRES ON (Date):
DATE: (MMDDYY) 8-6-25	8-13-25
FINAL MICROCHIP SCAN PERFORMED BY (Initials): [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
		8-6-25 unworn				

Did you contact another shelter? NO Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41458 **CUSTODY DATE** MM/DD/YY 8/6/25 **TIME** 10:07 ^{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: [REDACTED]

Name: Out-of-State

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

[REDACTED] In the car engine
 [REDACTED]

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	blk/wht	<input checked="" type="checkbox"/>	
			Approximate AGE: 3 wks <input type="checkbox"/> YR <input type="checkbox"/> MO	
			Approximate WEIGHT: 1 <input checked="" type="checkbox"/> LBS	
			OTHER: NONE	

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: NONE 8-6-25

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] DATE: (MM/DD/YY) 8/6/25

OWNER 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: [REDACTED]

DISPOSITION OF ANIMAL **HOLDING PERIOD EXPIRES ON (Date):** 8-13-25

DATE: (MM/DD/YY) 8-6-25 **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
		8-6-25 universal				

Did you contact another shelter? NO **Why did they decline to accept?**

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41459 **CUSTODY DATE** MM/DD/YY 8/6/25 **TIME** 10:07 ^{AM} ~~PM~~

REASON FOR CUSTODY (mark appropriate box) **LOCATION WHERE CUSTODY WAS TAKEN**

Stray / At Large Owner Surrender Seized Bite Case Quarantined

Transfer from Another Releasing Agency Virginia Other: [REDACTED]

Name: _____ Out-of-State

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

[REDACTED]

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	CALICO	Approximate AGE: 3wks <input type="checkbox"/> YR <input type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 1' <input checked="" type="checkbox"/> LBS	
<input type="checkbox"/>			OTHER: NONE	

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: NONE 8-6-25

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] DATE: (MM/DD/YY) 8/6/25

SURRENDER STATEMENT

I am the rightful owner of 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):** 8-13-25

DATE: (MM/DD/YY) 8-6-25 **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
		8-6-25 unweaned				

Did you contact another shelter? NO **Why did they decline to accept?**

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41460

CUSTODY DATE
MM/DD/YY

8-6-25

TIME

10:50

AM

PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:

Name:

Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Can't no longer to feed him

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

DSH

Dark Seal pt

Approximate AGE: 1 YR MO

Approximate WEIGHT: 8 ³/₄ LB

OTHER: Ceasar

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: None Det 8-6-25
Scan: 8-7-25

CUSTODY RECORD PREPARED BY

Signature

DATE: (MM/DD/YY)

8-6-25

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

Transfer

HOLDING

8-7-25

DATE: (MM/DD/YY)

8-27-25

FINAL MICROCHIP SCAN PERFORMED BY

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

Virginia Beach Spca

Did you contact another shelter? ND

8-27-25

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41461

CUSTODY DATE
MM/DD/YY

8-6-25

TIME

10:50

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



Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	Solid point	Approximate AGE: 1 1/2 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 12 <input checked="" type="checkbox"/> LB	
<input type="checkbox"/>			OTHER: evil	

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: None Det 8-6-25 Scan 4-15-25

CUSTODY RECORD PREPARED BY

Signature: DATE: (MM/DD/YY) 8-6-25

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 Adopted - HOLDING PERIOD EXPIRES ON (Date): 8-7-25

DATE: (MM/DD/YY) 8-21-25 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
	8-21-25					

Did you contact another shelter? *ND*

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41462

CUSTODY DATE
MM/DD/YY

8-6-25

TIME

10:50

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:

Name:

- Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

D SH

seal point

Approximate AGE: 1 Wks YR MO

Approximate WEIGHT: 2 LB

OTHER: Boy

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: 8-6-25
Scan 8-10-25
None Det

CUSTODY RECORD PREPARED BY

DATE: (MM/DD/YY)

8-6-25

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 to be adopted, I will follow adoption procedures.

SIGNATURE: [Redacted]

DISPOSITION OF ANIMAL Adopted

HOLDING PERIOD EXPIRES ON (date): 8-7-25

DATE: (MM/DD/YY)

8-18-25

FINAL MICROCHIP SCAN PERFORMED BY [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

8-19-25

Did you contact another shelter? NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41463 **CUSTODY DATE** MM/DD/YY 8-6-25 **TIME** 12:20 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:

Name: Out-of-State

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

[Redacted Owner Name & Address] [Redacted Additional Information]

ANIMAL DESCRIPTION

SPECIES Feline Canine []

BREED DSH

COLOR / MARKINGS ~~White~~ Grey Tab

SEX: Male Female **Altered:** Y N Unk

Approximate AGE: 6 weeks YR MO

Approximate WEIGHT: 1 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: None Def Scan 8-10-25 8-6-25

CUSTODY RECORD PREPARED BY

Signature: [Redacted] **DATE: (MM/DD/YY)** 8-6-25

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 Transfer **HOLDING PERIOD EXPIRES ON (Date):** 8-13-25

DATE: (MM/DD/YY) 8-15-25 **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
				Homeard Trcl 8-20-25		

Did you contact another shelter? NO **Why did they decline to accept?**

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41464

CUSTODY DATE
MM/DD/YY

8-6-25

TIME

12:20

AM
PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:

Name: Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline
 Canine

DSH

gray tabby

Approximate AGE: weeks YR MO

Approximate WEIGHT: 1 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: 8-6-25
Scan: 8-14-25
None out

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-6-25

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: Adopted

HOLDING PERIOD EXPIRES ON (Date): 8-13-25

DATE: (MM/DD/YY)

8-13-25

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

8-13-25

Did you contact another shelter? No

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD


ANIMAL ID: 41465 CUSTODY DATE: 8-6-25 TIME: 4:30 AM PM


REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:
Name: _____ Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN
DAHS

OWNER'S NAME & ADDRESS (if known)


ADDITIONAL INFORMATION
MAY be Aggressive At times



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"/>	<u>Labx</u>	<u>Brindle white</u>	Approximate AGE: <u>1</u> <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	Approximate WEIGHT: <u>35</u> <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)
<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>	Scan: <u>8-6-25</u> Scan: <u>8-10-25</u> <u>None Det</u>

CUSTODY RECORD PREPARED BY


Signature:  DATE: (MM/DD/YY) 8-6-25

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 Transfer HOLDING PERIOD EXPIRES ON (Date): 8-7-25

DATE: (MM/DD/YY) 8-13-25 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
				<u>Honoverd Troy</u> <u>8-13-25</u>		

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

414660

CUSTODY DATE
MM/DD/YY

8-6-25

TIME

4:41

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:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	Org white	Approximate AGE: 2-3 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 12 <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 Scan 8-6-25 8-8-25

CUSTODY RECORD PREPARED BY

Signature: [Redacted] DATE: (MM/DD/YY) 8-6-25

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): 8-18-25

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

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
8-8-25						

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41467 **CUSTODY DATE** MM/DD/YY 8-7-25 **TIME** 10⁵⁰ (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:

Name: Out-of-State

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

[REDACTED]

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	gray tabby	Approximate AGE: / <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 6 <input checked="" type="checkbox"/> LB
<input type="checkbox"/>			OTHER: Luna

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: 8-7-25 Scan: 8-8-25 None Det

CUSTODY RECORD PREPARED BY [REDACTED] **DATE: (MM/DD/YY)** 8-7-25

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, I will follow the procedures.

SIGNATURE [REDACTED]

DISPOSITION OF ANIMAL **HOLDING PERIOD** [REDACTED]

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? NO **Why did they decline to accept?**

City of Darville
Animal Control Officer / Public Animal Shelter


ANIMAL CUSTODY RECORD

ANIMAL ID 41468 **CUSTODY DATE** MM/DD/YY 08-06-25 **TIME** 11:55 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:
 Name: Out-of-State



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

Unknown 


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	D. +	dark brown and tan	Approximate AGE: 2-3 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 60 <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	Orange collar	Scan: ND 8-6-25 Scan 8-10-25 Name Det

CUSTODY RECORD PREPARED BY


Signature:  **DATE: (MMDDYY)** 08-06-25

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 Euth **HOLDING PERIOD EXPIRES ON (Date):** 8-18-25

DATE: (MMDDYY) 8-22-25 **FINAL MICROCHIP SCAN PERFORMED BY (Initials)** 

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
		8-22-25				

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41469

CUSTODY DATE
MM/DD/YY

8/7/25

TIME

845

AM
PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:
Name: Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Friendly

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: N Unk

Feline

DSH

gry
tab

Approximate AGE: 2 YR MO

Canine

Approximate WEIGHT: 7 LBS

OTHER: NONE

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

NOVE

NONE

Scan: 8-7-25
Scan: 8/10/25

SIGNATURE OF OWNER PREPARED BY



DATE: (MM/DD/YY)

8/7/25

STATEMENT

I am the 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):

8-14-25

DATE: (MM/DD/YY)

8-16-25

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

Homeard
Trails 8-16-25

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41470 CUSTODY DATE: 8/7/25 TIME: 845 AM PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:

Name: _____ Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN

[REDACTED]

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline	<u>DSH</u>	<u>blk/wh</u>	Approximate AGE: <u>7 wks</u> <input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: <u>2</u> <input checked="" type="checkbox"/> LBS
<input type="checkbox"/>			OTHER: <u>NONE</u>

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)
<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	Scan: <u>8-9-25</u> Scan: <u>NONE</u>

PREPARED BY: _____ DATE: (MM/DD/YY) 8/7/25

OWNER 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): 8-14-25

DATE: (MM/DD/YY) 8-16-25 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
				<u>Homecoming</u> <u>Transfer</u>		

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41471

CUSTODY DATE
MM/DD/YY

8/7/25

TIME

8 45

AM
PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

Stray & At Large Owner Surrender Seized Bite Case

Transfer from Another Releasing Agency Virginia Other:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: N Unk

Feline

Canine

DSH

gray tab

Approximate AGE: 7 wk YR MO

Approximate WEIGHT: 2 LBS

OTHER: NONE

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: 8-7-25
Scan: NONE
8-9-25

PREPARED BY

Signature

DATE: (MM/DD/YY)

8/7/25

STATEMENT

I am the legal owner of this animal. I surrender all my 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): 8-14-25

DATE: (MM/DD/YY)

8-16-25

FINAL MICROCHIP SCAN PERFORMED

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

Homeward
1 Rail
8-16-25

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41472

CUSTODY DATE
MM/DD/YY

8/7/25

TIME

11:58

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:

Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

lab mix

wht/brown

Approximate AGE: 3 YR MO

Approximate WEIGHT: 20 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

yellow rope

Scan: none - too aggressive
Scan 8-20-25
none det

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8/7/25

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 Euth HOLDING PERIOD EXPIRES ON (Date): 8-19-25

DATE: (MM/DD/YY)

8-22-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)

Returned to Owner

Adopted

Euthanized

Died in Custody

Transferred to Another Virginia Releasing Agency (name of agency)

Transferred to Releasing Agency (name of agency)

Other

8-22-25

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41473

CUSTODY DATE
MM/DD/YY

8-7-25

TIME

1:08

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:

Name:

Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Can't keep these 3 kittens

ANIMAL DESCRIPTION

Ginger

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

DSH

Org. Tabby

Approximate AGE: 12 wks ^{SAT} YR MO

Approximate WEIGHT: 2 ^{1/2} 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: 8-7-25
Scan: 8-7-25
NoneDet

CUSTODY RECORD PREPARED BY

SIGNATURE: [Redacted]

DATE: (MM/DD/YY)

8-7-25

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 the appropriate procedures.

SIGNATURE: [Redacted]

DISPOSITION OF ANIMAL Euth

HOLDING PERIOD EXPIRES ON (Date): 8-8-25

DATE: (MM/DD/YY)

8-8-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials): [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

8-8-25

Did you contact another shelter? NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41474	CUSTODY DATE MM/DD/YY 8-7-25	TIME 1:08	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<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		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known) 	ADDITIONAL INFORMATION Can't keep these 3 kittens
--	---

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk	
<input checked="" type="checkbox"/> Feline	DSH	gray/white	Approximate AGE: 13wks <input type="checkbox"/> YR <input type="checkbox"/> MO		
<input type="checkbox"/> Canine			Approximate WEIGHT: 2 <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: 8-7-25 Scan: 8-8-25 None Det

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY) 8-7-25

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, I will follow adoption procedures.	
SIGNATURE:	

DISPOSITION OF ANIMAL Euth	HOLDING PERIOD EXPIRES ON (Date): 8-8-25
DATE: (MM/DD/YY) 8-8-25	FINAL MICROCHIP SCAN PERFORMED BY (Initials):

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
		8-8-25				

Did you contact another shelter? NO Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41475

CUSTODY DATE
MM/DD/YY

8-7-25

TIME

1:08

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:
Name: Out-of-State



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



Can't keep kittens

ANIMAL DESCRIPTION

Gia

SPECIES: Feline Canine
BREED: DSH
COLOR / MARKINGS: Calico
SEX: Male Female Altered: Y N Unk
Approximate AGE: 13wks YR MO
Approximate WEIGHT: 2 LB
OTHER:

ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO)

License Tag (Number - Details): None
Rabies Tag (Number - Details): None
Tattoo (Describe): None
Collar (Describe - Color, Type, etc.): None
Microchip or Other Identification (Describe - Details): Scan: 8-7-25
Scan: 8825
None Det

CUSTODY RECORD PREPARED BY

Signature: [Redacted] DATE: (MMDDYY) 8-7-25

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: [Redacted]

DISPOSITION OF ANIMAL Euth HOLDING PERIOD EXPIRES ON (Date): 8-8-25

DATE: (MMDDYY) 8-8-25 FINAL MICROCHIP SCAN PERFORMED BY (Initials) [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
		8825				

Did you contact another shelter? NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41476	CUSTODY DATE MM/DD/YY	8-7-25	TIME	135	AM <input checked="" type="radio"/> PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
Name:		<input type="checkbox"/> Out-of-State				

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	They Just Not Able to keep her

ANIMAL DESCRIPTION				
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	Gray	Approximate AGE: 5 mos <input type="checkbox"/> YR <input type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 2 <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: 8-7-25 Scan: 8-9-26 None Det

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-7-25

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: [REDACTED]

DISPOSITION OF ANIMAL		HOLDING PERIOD EXPIRES ON (Date):				
DATE: (MMDD/YY)	8-12-26	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
		8-12-26				

Did you contact another shelter? **NO** Why did they decline to accept?

8-8-25

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41477

CUSTODY DATE
MM/DD/YY

8/7/25

TIME

3:33 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:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline
 Canine

Collie/
Shep Mix

blk
wht

Approximate AGE: 9m YR MO

Approximate WEIGHT: 11.20 LBS

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: 8-7-25
Scan: 8-12-25
NONE Det

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8/7/25

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):

DATE: (MM/DD/YY)

9-9-25

FINAL MICROCHIP SCAN PERFORMED

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

~~9-9-25~~
9-9-25

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41478

CUSTODY DATE
MM/DD/YY

8-7-25

TIME

4:30

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:

Name:

Out-of-State

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

LL said Can't keep this Breed

Sheba

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

Pit

Brindle

Approximate AGE: 9m YR MO

Approximate WEIGHT: 25 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: 8-7-25
Scan: 8-10-25
None Dot

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-7-25

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

Euth

HOLDING PERIOD EXPIRES ON (Date): 8-8-25

DATE: (MM/DD/YY)

8-13-25

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

8-13-25

Did you contact another shelter? NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41479	CUSTODY-DATE MM/DD/YY	8/7/25	TIME	4:30	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
-----------	-------	-----------------------	--------	------	------	--

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 type="checkbox"/> Bite Case Quarantine	[REDACTED]	
<input type="checkbox"/> Transfer from Another Releasing Agency	<input type="checkbox"/> Virginia	<input checked="" type="checkbox"/> Other:			
Name:	<input type="checkbox"/> Out-of-State	Dangerous dog hearing			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	* Hold for Dangerous dog * Must speak to ACO

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 mix	Brown/whit	Approximate AGE: 3 <input type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 50 <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	Pink harness	Scan: 8-7-25 Scan: 8-9-25 None

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8/7/25

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: [REDACTED]	

DISPOSITION OF ANIMAL	HOLDING PERIOD EXPIRES ON (Date): [REDACTED]
DATE: (MM/DD/YY)	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

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41480

CUSTODY DATE
MM/DD/YY

Aug 8th

TIME

8:15

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:

Name:

Out-of-State

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



"Miso"

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline
 Canine

DSH

Black

Approximate AGE: 3 mth YR MO

Approximate WEIGHT: 3 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: 8-8-25
Scan: 8-9-26
none

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)



8-8-25

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):

8-15-25

DATE: (MM/DD/YY)

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

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41481

CUSTODY DATE
MM/DD/YY

8-7-25

TIME

800

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:

Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Unweaned -
NOT THRIVING -
Sickly

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

DSH

Gray
Tabby

Approximate AGE: 4 WKS YR MO

Approximate WEIGHT: 1# 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: 8-7-25
Scan: 81025
None

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-7-25

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 Euth

HOLDING PERIOD EXPIRES ON (Date): 8-16-25

DATE: (MM/DD/YY)

8-14-25

FINAL MICROCHIP SCAN PERFORMED BY

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

8/14/25

Did you contact another shelter? NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41482	CUSTODY DATE MM/DD/YY	8-7-25	TIME	800	AM <input checked="" type="radio"/> PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

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

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y <input checked="" type="radio"/> N <input type="radio"/> Unk
<input checked="" type="checkbox"/> Feline	DSH	gray body	Approximate AGE: 4WKS <input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 1# <input 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: 8-7-25 Scan: 81025 none

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY)
	8-7-25

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	Euth	HOLDING PERIOD EXPIRES ON (Date):	8-14-25
DATE: (MM/DD/YY)	8-14-25	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
		8-14-25				

Did you contact another shelter? *no* Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41483

CUSTODY DATE
MM/DD/YY

8-7-25

TIME

8:00

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:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

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 checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	gray tabby	Approximate AGE: 4 WKS <input type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 1# <input 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: 8-7-25 Scan: 8-10-25 none

CUSTODY RECORD PREPARED BY

Signature:



DATE: (MM/DD/YY)

8-7-25

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:

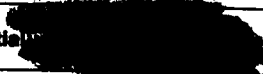
DISPOSITION OF ANIMAL *Euth*

HOLDING PERIOD EXPIRES ON (Date): 8-14-25

DATE: (MM/DD/YY)

8-14-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)



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
		8-14-25				

Did you contact another shelter? *no*

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41484
~~42521~~

CUSTODY DATE
MM/DD/YY

8-7-25

TIME

8:00

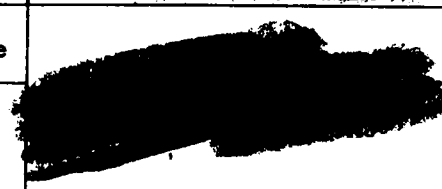
AM
 PM

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:
Name: Out-of-State



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline
 Canine

DSH

Blk/white

Approximate AGE: 4 YRS YR MO

Approximate WEIGHT: 1# 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: 8-7-25 Scan: 8-16-25 None

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-7-25

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:

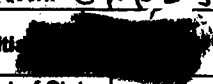
DISPOSITION OF ANIMAL: Euth

HOLDING PERIOD EXPIRES ON (Date): 8-14-25

DATE: (MM/DD/YY)

8-14-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)



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
		8-14-25				

Did you contact another shelter? NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41485
4225

CUSTODY DATE: 8-7-25 MM/DD/YY

TIME: 8:00 AM PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:

Name: _____ Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES: Feline Canine

BREED: DSH

COLOR / MARKINGS: Calico Tabby

SEX: Male Female Altered: Y N Unk

Approximate AGE: 4 wks YR MO

Approximate WEIGHT: 1 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)
<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>	Scan: <u>8-17-25</u> Scan: <u>8:00 AM</u> <u>None</u>

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY) 8-7-25

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 Euth **HOLDING PERIOD EXPIRES ON (Date):** 8-14-25

DATE: (MM/DD/YY) 8-14-25 **FINAL MICROCHIP SCAN PERFORMED BY (Initials)**

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
		<u>8-14-25</u>				

Did you contact another shelter? No Why did they decline to accept? _____

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41486	CUSTODY DATE MM/DD/YY	8-7-25	TIME	8:00	AM <input checked="" type="radio"/> PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:	
Name:		<input type="checkbox"/> Out-of-State		

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

ANIMAL DESCRIPTION				
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y <input checked="" type="radio"/> N <input type="radio"/> Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	Tort	Approximate AGE: 4 WKS <input type="checkbox"/> YR <input type="checkbox"/> MO	Approximate WEIGHT: 1 <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: 8-7-25 Scan: 81025 None

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY) 8-7-25

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: Euth	HOLDING PERIOD EXPIRES ON (Date): 8-14-25
DATE: (MM/DD/YY) 8-14-25	FINAL MICROCHIP SCAN PERFORMED BY (initials)

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
		8-14-25				

Did you contact another shelter? NO Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41787
~~41807~~

CUSTODY DATE: 8-7-25 MM/DD/YY

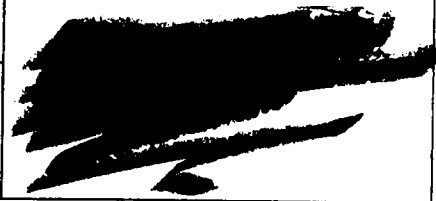
TIME: 8:00 AM PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:

Name: _____ Out-of-State



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

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline	<u>DSH</u>	<u>gray & tabby</u>	Approximate AGE: <u>1 yr</u> <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: <u>5</u> <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)
<u>none</u>	<u>none</u>	<u>none</u>	<u>none</u>	Scan: <u>8-7-25</u> Scan: <u>8-10-25</u> <u>none</u>

CUSTODY-RECORD PREPARED BY

Signature: _____ DATE: (MM/DD/YY) 8-7-25

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 Euth **HOLDING PERIOD EXPIRES ON (Date):** 8-14-25

DATE: (MM/DD/YY) 8-14-25 **FINAL MICROCHIP SCAN PERFORMED BY (Initials):** _____

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
		<u>8-7-25</u>				

Did you contact another shelter? No **Why did they decline to accept?**

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41488

CUSTODY DATE
MM/DD/YY

8-7-25

TIME

8:00

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:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Ink

Feline
 Canine

DSH

Gray Tabby
+ white

Approximate AGE: 4 mths YR MO

Approximate WEIGHT: 4 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: 8-7-25
Scan: 8-15-25
none

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-7-25

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: Euth

HOLDING PERIOD EXPIRES ON (Date): 8-15-25

DATE: (MM/DD/YY)

8-19-25

FINAL MICROCHIP SCAN PERFORMED BY

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

81925

Did you contact another shelter? NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41489	CUSTODY DATE MM/DD/YY	8-7-25	TIME	8:00	AM PM
-----------	-------	--------------------------	--------	------	------	----------

REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
Name:		<input type="checkbox"/> Out-of-State				

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

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline	DSH	gray tabby + white	Approximate AGE: 4 mths <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 4 <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: 8-7-25 Scan: 8-15-25 none

CUSTODY RECORD PREPARED BY

Signature: DATE: (MM/DD/YY) 8-7-25

SIGNATURE FOR 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: Euth **HOLDING PERIOD EXPIRES ON (Date):** 8-15-25

DATE: (MM/DD/YY) 8-15-25 **FINAL MICROCHIP SCAN PERFORMED BY (Initials):**

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
		8/15/25				

Did you contact another shelter? NO **Why did they decline to accept?**

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41490

CUSTODY DATE
MM/DD/YY

8/9/12

TIME

8:30

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:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline
 Canine

Shepherd
Mix

brn

Approximate AGE: 1 YR MO

Approximate WEIGHT: 35 LBS

OTHER: NONE

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

Pink Pattern

Scan: 8825
Scan: NONE DET
8-18-12

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8/9/12

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 *RTO*

HOLDING PERIOD EXPIRES ON (Date): 8-10-12

DATE: (MM/DD/YY)

8/12/12

FINAL MICROCHIP SCAN PERFORMED BY (Initials)

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

8-12-12

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41491

CUSTODY DATE
MM/DD/YY

8/8/25

TIME

8:30

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:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline
 Canine

Shepherd
Mix

brn

Approximate AGE: YR MO

Approximate WEIGHT: 35 LB S

OTHER: NONE DET

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: 4425
Scan: 457
NONE
Det.

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8/8/25

RIGHTS 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 RTO

HOLDING PERIOD EXPIRES ON (Date): 8/15/25

DATE: (MM/DD/YY)

8/12/25

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

8/12/25

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41492

CUSTODY DATE
MM/DD/YY

8-8-25

TIME

10:55

(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:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

DSH

yellow

Approximate AGE: 2 YR MO

Canine

Approximate WEIGHT: 10 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: 8-8-25
Scan 8-10-25
none detected

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MMDDYY)

8-8-25

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

Euth

HOLDING PERIOD EXPIRES ON (Date): 8-15-25

DATE: (MMDDYY)

8-19-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)

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

8-19-25

Did you contact another shelter? NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41493

CUSTODY DATE
MM/DD/YY

8-8-25

TIME

11:30

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
Name: Out-of-State



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	Gray	Approximate AGE: 2	<input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 8	<input 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: 8-8-25 Scan: 8-10-25 None

CUSTODY RECORD PREPARED BY

Signature: DATE: (MM/DD/YY)

8-8-25

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 Euth

HOLDING PERIOD EXPIRES ON (Date): 8-16-25

DATE: (MM/DD/YY)

8-19-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)



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
		8-19-25				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41494 **CUSTODY DATE** 8/8/25 **TIME** 11:00 AM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:

Name: _____ Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN

[REDACTED]

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

[REDACTED]

ANIMAL DESCRIPTION

SPECIES **BREED** **COLOR / MARKINGS** **SEX:** Male Female Altered: Y N Unk

Feline Canine _____

Approximate AGE: 7 wks YR MO

Approximate WEIGHT: 3 lbs LBS

OTHER: None

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: 8825 Scan: 910/None

RECEIVED BY

Signature: [REDACTED] DATE: (MM/DD/YY) 8/8/25

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 Transfer **HOLDING PERIOD EXPIRES ON (Date):** 8/15/25

DATE: (MM/DD/YY) 8/15/25 **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-Releasing Agency (name of agency)	Other
		[REDACTED]		Hennrich 8/15/25		

Did you contact another shelter? NO **Why did they decline to accept?**

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41496³-Tan
21146

CUSTODY DATE
MM/DD/YY

8-8-25

TIME

12:15 AM
PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:
Name: Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine	Boodle mix	Tan/Pink	Approximate AGE: 2	<input type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 7	<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)
NO	NONE	NONE	NONE	Scan: 8-8-25 Scan: none Det

CUSTODY RECORD PREPARED BY

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

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 ADO

HOLDING PERIOD EXPIRES ON (Date): 8-16-25

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

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
8-8-25						

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41497 **CUSTODY DATE** 8-8-25 **TIME** 2:00 **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:

Name: Out-of-State

DASH

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

[Redacted] Name OG

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	St Bernard Mix	White Brown Black	Approximate AGE: 4 <input type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 65 <input 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: 8-8-25 Scan 8-10-25 non detected

CUSTODY RECORD PREPARED BY

Signature: *[Redacted]* DATE: (MM/DD/YY) 8-8-25

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: *[Redacted]*

DISPOSITION OF ANIMAL Euth **HOLDING PERIOD EXPIRES ON (Date):** 8-9-25

DATE: (MM/DD/YY) 8-13-25 **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
		8-13-25				

Did you contact another shelter? NO **Why did they decline to accept?**

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41498 CUSTODY DATE: 8-8-25 TIME: 2:00 AM/PM: AM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:

Name: _____ Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN
DAHS

OWNER'S NAME & ADDRESS (if known) _____

ADDITIONAL INFORMATION
Tusor

ANIMAL DESCRIPTION

SPECIES: Feline Canine _____ BREED: Rot COLOR / MARKINGS: Blk / Brown SEX: Male Female Altered: Y N Unk

Approximate AGE: 10 YR MO

Approximate WEIGHT: 125 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)
<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>	Scan: <u>8-8-25</u> Scan: <u>82025</u> <u>nan dete</u>

CUSTODY RECORD PREPARED BY

Signature: _____ DATE: (MM/DD/YY) 8-8-25

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 held, I will follow adoption procedures.

SIGNATURE: _____

DISPOSITION OF ANIMAL Euth **HOLDING PERIOD EXPIRES ON (Date):** 8-13-26

DATE: (MM/DD/YY) 8-13-25 **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
		<u>8-13-25</u>				

Did you contact another shelter? Yes Why did they decline to accept? P.C. they full

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41499 **CUSTODY DATE** 8-8-25 **TIME** 2:45 AM
MM/DD/YY 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:
 Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



Nyla
 really sick

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DMH	Buff	Approximate AGE: 2 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 2 <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: 8-8-25 Scan: none

CUSTODY RECORD PREPARED BY

Signature: **DATE: (MM/DD/YY)** 8-8-25

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, I will follow the adoption procedures.
SIGNATURE:

DISPOSITION OF ANIMAL **HOLDING PERIOD EXPIRES ON (Date):** 8-15-25

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

Did you contact another shelter? No **Why did they decline to accept?**

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41500	CUSTODY DATE MM/DD/YY	8-9-25	TIME	10:45 AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia			
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	Wild kitten severe eye infection, Ruptured eye - left

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	black & white	Approximate AGE: 7 wks <input type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 1/2 <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: NONE Det 8-9-25

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY) 08-09-25

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): 8-17-25
DATE: (MM/DD/YY) 8-9-25	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
		8-9-25				

Did you contact another shelter? NO Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41501

CUSTODY DATE
MM/DD/YY

8-8-25

TIME

6:12

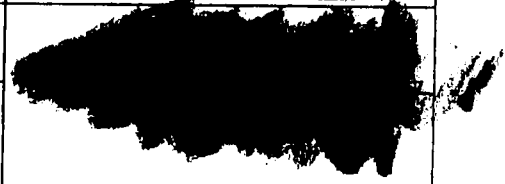
AM
 PM

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:
Name: Out-of-State



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Upper Respiratory -
eyes shut, mouth open

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

omh

Grey

Approximate AGE: 8 wks YR MO

Approximate WEIGHT: 24 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)

~

~

~

~

Scan: 802
Scan: 81425
NONE

CUSTODY RECORD PREPARED BY

Signature:



DATE: (MMDDYY)

8-8-25

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: Euth

HOLDING PERIOD, EXPIRES ON (Date): 8-15-25

DATE: (MMDDYY)

8-14-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)



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

81425

Did you contact another shelter? *no*

Why did they decline to accept?

City of Danville Animal Control Officer / Public Animal Shelter	ANIMAL CUSTODY RECORD
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ANIMAL ID	41502	CUSTODY DATE MM/DD/YY	8-9-25	TIME	6:53	(AM) PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine			
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia				
Name: _____				<input type="checkbox"/> Out-of-State		

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

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N Unk		
<input checked="" type="checkbox"/> Feline	DMH	dil TORT	Approximate AGE: 8 wks <input type="checkbox"/> YR <input type="checkbox"/> MO		
<input type="checkbox"/> Canine			Approximate WEIGHT: 1 1/2 <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: 8-9-25 Scan: 8-10-25 None

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY) 8-9-25

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 <i>Transfer</i>	HOLDING PERIOD EXPIRES ON (Date): 8-16-25
DATE: (MM/DD/YY) 8-15-25	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
				Home ward Tools 8-20-25		

Did you contact another shelter? *no* Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41504 CUSTODY DATE (MM/DD/YY): 8/9/25 TIME: 6:52 AM PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other: [REDACTED]

Name: _____ Out-of-State

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

_____ - was indoor, turned outdoor

[REDACTED]

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline	DSH	wht / blk siamese	Approximate AGE: <u>3</u> <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: <u>10</u> <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: <u>8/9/25</u> Scan: <u>8-16-25</u>

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] DATE: (MM/DD/YY) 8/9/25

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 Transfer HOLDING PERIOD EXPIRES ON (Date): 8-16-25

DATE: (MM/DD/YY) 8-27-25 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
				<u>Virginia Beach SPCA</u>		

Did you contact another shelter? NO Why did they decline to accept? 8-27-25

City of Danville Animal Control Officer / Public Animal Shelter	ANIMAL CUSTODY RECORD
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ANIMAL ID	41505	CUSTODY DATE MM/DD/YY	8-10-25	TIME	4:00 AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia			
Name:				<input type="checkbox"/> Out-of-State	

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
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unknown	Found by Adult adoption center
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ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline	DSH	Tort	Approximate AGE:		
<input type="checkbox"/> Canine			6 Wk <input type="checkbox"/> YR <input type="checkbox"/> MO		
<input type="checkbox"/>			Approximate WEIGHT:		
			1 <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: NO 810-25 Scan: 215-25 None Det

CUSTODY RECORD PREPARED BY

Signature:	DATE: (MM/DD/YY) 8-10-25
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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 <i>Transfer</i>	HOLDING PERIOD EXPIRES ON (Date): 8-17-25
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DATE: (MM/DD/YY) 8-19-25	FINAL MICROCHIP SCAN PERFORMED BY (Initial):
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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
				<i>Hennepin Trail</i> 8-20-25		

Did you contact another shelter? <i>NO</i>	Why did they decline to accept?
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City of Danyville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41504

CUSTODY DATE
MM/DD/YY

08-10-25

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:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

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 <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Dix	brindle & white	Approximate AGE: 6 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO	Approximate WEIGHT: 25 <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: 81525 Scan: NO 8.12.25 None Dot

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-12-25

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 Euth

HOLDING PERIOD EXPIRES ON (Date): 8.12.25

DATE: (MM/DD/YY) 8.22.25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)

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
		82225				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41507	CUSTODY DATE MM/DD/YY	8-10-25	TIME	800	<input checked="" type="radio"/> AM <input type="radio"/> PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DASH	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia			
Name:		<input type="checkbox"/> Out-of-State			

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

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y <input checked="" type="radio"/> N <input type="radio"/> Unk
<input checked="" type="checkbox"/> Feline	DSH	BLK	Approximate AGE: 12 WKS <input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 2 1/2 <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: 8-10-25 Scan: 8-15-25 None

CUSTODY RECORD PREPARED BY

Signature:	DATE: (MM/DD/YY) 8-10-25
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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):** 8-17-25

DATE: (MM/DD/YY) 8-19-25 **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
				Homeard Trail 8-20-25		

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41508

CUSTODY DATE
MM/DD/YY

8-11-25

TIME

11:30

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:

Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

He said VERY VERY Wild
Wild

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

DSH

GY

Approximate AGE: 2-3 YR MO

Approximate WEIGHT: 10 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: 8-11-25
Scan: 8-15-25
None

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8/11/25

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 *Euth*

HOLDING PERIOD EXPIRES ON (Date): 8-18-25

DATE: (MM/DD/YY)

8-19-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)

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

879-25

Did you contact another shelter? *NO*

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41509 CUSTODY DATE: 8-4-25 TIME: 12:30 AM/PM: PM


REASON FOR CUSTODY (mark appropriate box)

Stray / At Large
 Owner Surrender
 Seized
 Bite Case Quarantine


Transfer from Another Releasing Agency
 Virginia
 Other:

Name: _____ Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN




OWNER'S NAME & ADDRESS (if known)



ADDITIONAL INFORMATION

Safe Keeping




ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	<u>GShep</u>	<u>TRi</u>	Approximate AGE: <u>4</u> <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: <u>80-100</u> <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)
<u>Nine</u>	<u>Nine</u>	<u>Nine</u>	<u>Nine</u>	Scan: <u>84-25</u> Scan: <u>41025</u> None Det

CUSTODY RECORD PREPARED BY


Signature:  DATE: (MM/DD/YY) 8-4-2025

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 ADO **HOLDING PERIOD EXPIRES ON (Date):** 8-11-25

DATE: (MM/DD/YY) 8-11-25 **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
<u>8-11-25</u>						

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

415 10

CUSTODY DATE
MM/DD/YY

8-11-25

TIME

1:30

AM
 PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:
Name: Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN

OCHA

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

Beagle

TR:

Approximate AGE: 5 YR YR MO

Approximate WEIGHT: 30 LB 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: 8-11-25
Scan: 8-13-25
NO Det

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-11-25

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

Adopted

HOLDING PERIOD EXPIRES ON (Date): 8-18-25

DATE: (MM/DD/YY)

8-21-25

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

8-21-25

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

415 10

CUSTODY DATE
MM/DD/YY

8-11-25

TIME

1:30

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:
Name: Out-of-State

DCHA

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

HALIFAX Rd JAWA

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

Beagle

TR

Approximate AGE: 5Y YR MO

Approximate WEIGHT: 30 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: 8-11-25
Scan: 8-13-25
NO Det

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-11-25

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

Adopted

HOLDING PERIOD EXPIRES ON (Date): 8-18-25

DATE: (MM/DD/YY)

8-21-25

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

8-21-25

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41511	CUSTODY DATE MM/DD/YY	8-11-25	TIME	1:45	AM <input checked="" type="radio"/> PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DASH		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
Name:		<input type="checkbox"/> Out-of-State				

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	Roaming - wife bear feeding them [REDACTED]

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	Blk white	Approximate AGE: 6 wks <input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 1 <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: 8-11-25 Scan: 8-12-25 None Out

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-11-25

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: [REDACTED]

DISPOSITION OF ANIMAL: turn	HOLDING PERIOD EXPIRES ON (Date): 8-12-25
DATE: (MM/DD/YY) 8-10-25	FINAL MICROCHIP SCAN PERFORMED BY: [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
		8-10-25				

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41512

CUSTODY DATE
MM/DD/YY

8-11-25

TIME

1:45

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:
Name: Out-of-State

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Roaming - wife been feeding them

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	Blk white	Approximate AGE: 6 wks <input type="checkbox"/> YR <input type="checkbox"/> MO	Approximate WEIGHT: 1 <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: 8-11-25 Scan: 8-12-25 None Det

CUSTODY RECORD PREPARED BY

DATE: (MM/DD/YY)
8-11-25

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 Euth HOPEFUL PROB EXPIRES ON (Date): 8-12-25

DATE: (MM/DD/YY) 9-10-25 FINAL MICROCHIP SCAN PERFORMED BY (Initials)

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
		9-10-25				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41513	CUSTODY DATE MM/DD/YY	8-11-25	TIME	1:45	AM <input checked="" type="radio"/> PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DASH	
<input type="checkbox"/> Transfer from Another Releasing Agency Name:		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	Roaming Around wife been feeding [REDACTED]

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk	
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	Black white	Approximate AGE: weeks	<input type="checkbox"/> YR	<input type="checkbox"/> MO
			Approximate WEIGHT: 1	<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: 8-11-25 Scan: 8-12-25 NONE IDet

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-11-25

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 to be returned to me, I will follow the procedures.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL Euth	HOLDING PERIOD EXPIRES ON (Date): 8-12-25
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DATE: (MM/DD/YY) 9-10-25	FINAL MICROCHIP SCAN PERFORMED BY (Name): [REDACTED]
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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
		9-10-25				

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41514

CUSTODY DATE
MM/DD/YY

8/11/25

TIME

2:00

AM
PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency

Virginia

Impounded

Name:

Out-of-State

Other:

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Dropped dog off 3wks ago and never came back

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

Pit Mix

brn / blk
brindle

Approximate AGE: 5 YR MO

Approximate WEIGHT: 10 LB S

OTHER: Name

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

camo collar

Scan: NONE 8-11-25
Scan: NONE 8-12-25

Signature:

DATE: (MM/DD/YY)

8/11/25

I am the rightful owner of this animal. I understand that I have full property rights in this animal. No other person has a right of property in this animal. I understand that this animal may be returned to me in accordance with Virginia Code, Title 3.2, § 65. If I want to return this animal to me, I will pay the cost of transportation and any other costs incurred by the shelter.

SIGNATURE

DISPOSITION OF ANIMAL

DATE: (MM/DD/YY)

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

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41515 **CUSTODY DATE** 8/11/25 **TIME** 2:40 ^{AM} ~~PM~~

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large
 Owner Surrender
 Seized
 Bite Case Quarantine

Transfer from Another Releasing Agency
 Virginia
 Impounded

Out-of-State
 Other:

LOCATION WHERE CUSTODY WAS TAKEN

[REDACTED]

OWNER'S NAME & ADDRESS (if known)

[REDACTED]

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y <input checked="" type="radio"/> Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	German Shep	blk/brn	Approximate AGE: 11 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO Approximate WEIGHT: 30 <input checked="" type="checkbox"/> LBS OTHER: NONE

ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not present, 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	brown	Scan: 8-11-25 Scan: NONE

RECORD PREPARED BY

Signature: [REDACTED] **DATE: (MM/DD/YY)** 8/11/25

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 [REDACTED]

DISPOSITION OF ANIMAL *Transfer* **HOLDING PERIOD** [REDACTED]

DATE: (MM/DD/YY) 8-19-25 **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
				Home Depot 8-25-25		

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

City of Danville Animal Control Officer / Public Animal Shelter			ANIMAL CUSTODY RECORD			
ANIMAL ID	41516	CUSTODY DATE MM/DD/YY	8/11/25	TIME	2:40	AM PM
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]		
<input type="checkbox"/> Transfer from Another Releasing Agency Name:	<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Impounded Other:				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
[REDACTED]			[REDACTED]			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Link		
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Pitbull	brn	Approximate AGE:	3	<input type="checkbox"/> YR <input checked="" type="checkbox"/> MO	
			Approximate WEIGHT:	15	<input checked="" type="checkbox"/> LB <input type="checkbox"/> S	
			OTHER:	NONE		
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	
RECORD PREPARED BY: [REDACTED]						
Signature: [REDACTED]			DATE: (MM/DD/YY) 8/11/25			
I am the rightful owner of this animal and have all the 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.						
DISPOSITION OF ANIMAL			HOLDING PERIOD EXPIRES ON (Date): 8-12-25			
DATE: (MM/DD/YY)		FINAL MICROCHIP SCAN PERFORMED BY (Initials)				
8-17-25		[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
		8/17/25				

Did you contact another shelter? NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41517 CUSTODY DATE: 8/11/25 TIME: 2:40 PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Impounded

Name: _____ Out-of-State Other: _____

LOCATION WHERE CUSTODY WAS TAKEN: [REDACTED]

OWNER'S NAME (Last, First, Middle Initial): [REDACTED] **ADDITIONAL INFORMATION:** Jalana

SPECIES: Feline Canine _____

BREED: Pitbull **COLOR / MARKINGS:** blk / wht

SEX: Male Female Altered: Y N Unk

Approximate AGE: 10 YR MO

Approximate WEIGHT: 40 LBS S

OTHER: NONE

Licence Tag (Number - Details)	Radio Tag (Number - Details)	Tattoo (Describe)	Collar (Describe - Color, Type, etc.)	Microchip or Other Identification (Describe - Details)
NONE	NONE	NONE	PINK	Scan: 511-25 Scan: NONE

Signature: [REDACTED] DATE: (MM/DD/YY) 8/11/25

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: [REDACTED]

DISPOSITION OF ANIMAL: Euth **HOUSING / BOARDING / FEES ON (MM/DD/YY):** [REDACTED]

DATE: (MM/DD/YY) 8/17/25 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
		8/17/25				

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41518 CUSTODY DATE: 8-11-25 TIME: 3:25 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:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES: Feline BREED: DSH COLOR / MARKINGS: ORG SEX: Male Female Altered: Y N Unk
Approximate AGE: 7-8 WKS YR MO
Approximate WEIGHT: 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: 8-11-25 Scan: 8-12-25 None Det

CUSTODY RECORD PREPARED BY

Signature: [Redacted] DATE: (MM/DD/YY) 8-11-25

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: [Redacted]

DISPOSITION OF ANIMAL

Euth

HOLDING PERIOD: 8-12-25

DATE: (MM/DD/YY) 8-13-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)

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
		8-13-25				

Did you contact another shelter? No

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41519 **CUSTODY DATE** 8-11-25 **TIME** 5:15 PM AM

REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DASH	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia			
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	Can't Keep

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR / MARKINGS	SEX:	Altered:	Y N Unk	
<input checked="" type="checkbox"/> Feline	DSH	Blk	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female			
<input type="checkbox"/> Canine			Approximate AGE: 2	<input type="checkbox"/> YR	<input checked="" type="checkbox"/> MO	
<input type="checkbox"/>			Approximate WEIGHT: 1	<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: 8-11-25 Scan: 8-12-25 None-Def

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] DATE: (MMDDYY) 8-11-25

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: [REDACTED]

DISPOSITION OF ANIMAL Euth **HOLDING PERIOD EXPIRES ON (DATE):** 8-12-25

DATE: (MMDDYY) 9-2-25 **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
		9-2-25				

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41520	CUSTODY DATE MM/DD/YY	8-11-25	TIME	5:15	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DASH	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	TAB	Approximate AGE: 2 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 1 <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	in mo.	None	None	Scan: 8-11-25 Scan: 41225 None Det

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-11-25

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: [REDACTED]	

DISPOSITION OF ANIMAL		Euth		HOLDING PERIOD EXPIRES ON (Date): 8-22-25		
DATE: (MM/DD/YY)		9-2-25		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
		9-2-25				

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41521 CUSTODY DATE: 8-11-25 TIME: 5:15 PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:

Name: _____ Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN
DAHS

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

[Redacted]

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	SIX TAB	Approximate AGE: 2 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
			Approximate WEIGHT: 1 <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: 8-11-25 Scan: 8-12-25 None Det

CUSTODY RECORD PREPARED BY

Signature: [Redacted] DATE: (MMDDYY) 8-11-25

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: [Redacted]

DISPOSITION OF ANIMAL Euth **HOLDING PERIOD EXPIRES ON (Date):** 8-12-25

DATE: (MMDDYY) 9-2-25 **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
		9-2-25				

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41522

CUSTODY DATE
MM/DD/YY

8-11-25

TIME

5:15

AM
PM

REASON FOR CUSTODY (mark appropriate box)

- Stray / At Large Owner Surrender Seized Bite Case Quarantine
- Transfer from Another Releasing Agency Virginia Other:
- Name: Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN

DASH

OWNER'S NAME & ADDRESS (If known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	Dsth	Blk	Approximate AGE:	<input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT:	<input type="checkbox"/> LB <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: 8-11-25 Scan: 8-12-25 None Det

CUSTODY RECORD PREPARED BY

DATE: (MM/DD/YY)

8-11-25

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)

9-2-25

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
		9-2-25				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41523	CUSTODY DATE MM/DD/YY	8-12-25	TIME	11:50 AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]	
<input type="checkbox"/> Transfer from Another Releasing Agency Name:		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	[REDACTED]

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	gray	Approximate AGE: 12 wks <input type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 1 <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: 8-12-25 Scan 41523 None Det

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-12-25

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 Euth	HOLDING PERIOD EXPIRES ON (Date): 8-19-25
DATE: (MM/DD/YY) 8-19-25	FINAL MICROCHIP SCAN PERFORMED BY (Initials): [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
		8-19-25				

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41524 **CUSTODY DATE** 8-12-25 **TIME** 12:15 AM
MM/DD/YY PM

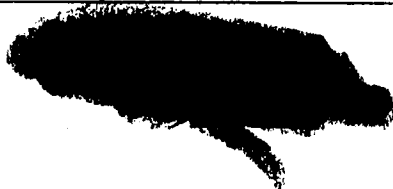
REASON FOR CUSTODY (mark appropriate box)

Stray / At Large
 Owner Surrender
 Seized
 Bite Case Quarantine

Transfer from Another Releasing Agency
 Virginia
 Other:


Name: _____ Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION




ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	D&H	TAN	Approximate AGE: 1 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 6 <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: 8-12-25 Scan: 41524 None Det

CUSTODY RECORD PREPARED BY


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

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 Euth **HOLDING PERIOD EXPIRES ON (Date):** 8-19-25

DATE: (MM/DD/YY) 8-19-25 **FINAL MICROCHIP SCAN PERFORMED BY (Initials)** 

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
		8-19-25				

Did you contact another shelter? NO **Why did they decline to accept?**

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: **41525** CUSTODY DATE MM/DD/YY: **8-12-25** TIME: **1:15** **PM**

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:
Name: _____ Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN
DAHS

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

[REDACTED]

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	JR/ Beagle X	TR	Approximate AGE: 4 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	Approximate WEIGHT: 30 <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	Blue nylon	Scan: 8-12-25 Scan: 8-25-25 None Det

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] DATE: (MM/DD/YY) **8-12-25**

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 *Transfer* **HOLDING PERIOD EXPIRES ON (Date):** **8-24-25**

DATE: (MM/DD/YY) **9-4-25** **FINAL MICROCHIP SCAN PERFORMED BY (Initials)** [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
				Hampson Tail 9-5-25		

Did you contact another shelter? **NO** **Why did they decline to accept?**

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD


ANIMAL ID 41524 **CUSTODY DATE** 8-11-25 **TIME** 9:45 AM

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:

Name: Out-of-State



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






ANIMAL DESCRIPTION *Cloner*

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk
<input type="checkbox"/> Feline	Pct	white	Approximate AGE: 1-2 yrs <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 48 <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	pink-zapper plaid	Scan: 8-11-25 

CUSTODY RECORD PREPARED BY

Signature:  DATE: (MM/DD/YY) 8-11-25

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 *RTO* **HOLDING PERIOD EXPIRES ON (Date):** 8-23-25

DATE: (MM/DD/YY) 8-12-25 **FINAL MICROCHIP SCAN PERFORMED BY (In)** 

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
<i>8-12-25</i>						

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41527

CUSTODY DATE
MM/DD/YY

8/12/25

TIME

12:37 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:

Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline
 Canine

Chihuahua
pug

brn/blk

Approximate AGE: 3 YR MO

Approximate WEIGHT: 15 LBS

OTHER: NONE

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

White Flea
Purple

Scan:
Scan: 8-12-25 - 8-16-25

CUSTODY RECORD PREPARED BY

Signature

DATE: (MM/DD/YY)

8/16/25

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, Chapter 65. If I want the animal back, I will follow adoption procedures.

SIGNATURE:

DISPOSITION OF ANIMAL: RTO

HOLDING PERIOD EXPIRES ON (Date): 8/24/25

DATE: (MM/DD/YY) 8-26-25

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

8-26-25

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41528

CUSTODY DATE
MM/DD/YY

8/12/25

TIME

12:37 AM
PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:
Name: Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN



OWNER'S NAME & ADDRESS (if known)



ADDITIONAL INFORMATION

Good 1-20-2027 Rabies

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Hound Mix	brn/bk	Approximate AGE: 3 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	Approximate WEIGHT: 40 <input checked="" type="checkbox"/> LBS
OTHER: NONE				

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 Det	NONE Det	NONE	White Flea	Scan: [Redacted] Scan: [Redacted]

CUSTODY RECORD PREPARED BY

Signature: [Redacted] DATE: (MM/DD/YY) 8/16/25

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, § 65. If I want the animal back, I will follow adoption procedures.
SIGNATURE:

DISPOSITION OF ANIMAL ADO

HOLDING PERIOD EXPIRES ON (Date): 8-24-25

DATE: (MM/DD/YY) 8-24-25 FINAL MICROCHIP SCAN PERFORMED BY (Initials): [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
8-24-25						

Did you contact another shelter?

Why did they decline to accept?

City of Danville Animal Control Officer / Public Animal Shelter				ANIMAL CUSTODY RECORD			
ANIMAL ID	41529	CUSTODY DATE MM/DD/YY	8-12-25	TIME		AM	PM
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN		
<input checked="" type="checkbox"/> Stray / At Large	<input 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:				
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
ANIMAL DESCRIPTION							
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk			
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	Orange Tabby	Approximate AGE: 2 wks	<input type="checkbox"/> YR	<input checked="" type="checkbox"/> MO		
			Approximate WEIGHT: 1	<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: 8-12-25 Scan 8-15-25 none det			
CUSTODY RECORD PREPARED BY							
Signature:			DATE: (MM/DD/YY) 8-12-25				
GENERAL 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 <i>Transfer</i>				HOLDING PERIOD EXPIRES ON (Date): 8-19-25			
DATE: (MM/DD/YY)		FINAL MICROCHIP SCAN PERFORMED BY					
8-19-25							
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	
				Homeward Trails 8-20-25			

Did you contact another shelter? *NO*

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41530	CUSTODY DATE MM/DD/YY	8-12-25	TIME	4:25	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<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	

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	[REDACTED]

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk	
<input type="checkbox"/> Feline	Step X	TAN	Approximate AGE: 1yr <input type="checkbox"/> YR <input type="checkbox"/> MO		
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 50 <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)
6119	None	None	None	Scan: 8-12-25 Scan: [REDACTED]

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-12-25

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: <u>ADO</u>	HOLDING PERIOD EXPIRES ON (Date):
DATE: (MM/DD/YY) <u>8-12-25</u>	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?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41531	CUSTODY DATE MM/DD/YY	8-12-25	TIME	545	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine		

<input type="checkbox"/> Transfer from Another Releasing Agency	<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:
Name:	<input type="checkbox"/> Out-of-State	

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	Injured back end maggots

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline			Approximate AGE: 1 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine	DSH	wht grn	Approximate WEIGHT: 4 <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: 8-12-25 Scan: none

CUSTODY RECORD PREPARED BY	
Signature: [Redacted]	DATE: (MM/DD/YY) 8-12-25

HEARTFUL 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.


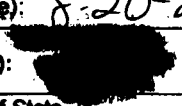
SIGNATURE:

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? NO

Why did they decline to accept?

City of Danville Animal Control Officer / Public Animal Shelter			ANIMAL CUSTODY RECORD			
ANIMAL ID	41532	CUSTODY DATE MM/DD/YY	8-13-25	TIME	1040	AM PM
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAHS		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
Name:			<input type="checkbox"/> Out-of-State			
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
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"/>	Shep X	Blk / tan	Approximate AGE: 10	<input type="checkbox"/> YR	<input checked="" type="checkbox"/> MO	
			Approximate WEIGHT: 25	<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: 8-13-25 Scan: 41532 not detected		
CUSTODY RECORD PREPARED BY						
Signature: 			DATE: (MM/DD/YY) 8-13-25			
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 <i>Transfer</i> HOLDING PERIOD EXPIRES ON (Date): 8-20-25						
DATE: (MM/DD/YY) 8-18-25			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
				Homeless Trails 8-20-25		

Did you contact another shelter?

Why did they decline to accept?

City of Danville Animal Control Officer / Public Animal Shelter			ANIMAL CUSTODY RECORD			
ANIMAL ID	41533	CUSTODY DATE MM/DD/YY	8-13-25	TIME	2:45	AM PM
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine		DAHS	
<input type="checkbox"/> Transfer from Another Releasing Agency	<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:				
Name:	<input type="checkbox"/> Out-of-State					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION		
[REDACTED]				Not Friendly At All		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk		
<input type="checkbox"/> Feline	Terrier	Tan/BLACK	Approximate AGE: 3		<input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 15		<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: 8-13-25 Scan: 8-13-25 None Det		
CUSTODY RECORD PREPARED BY						
Signature: [REDACTED]			DATE: (MM/DD/YY) 8-13-25			
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: [REDACTED]						
DISPOSITION OF ANIMAL <i>Transfer</i> HOLDING PERIOD EXPIRES ON (Date): 8-14-25						
DATE: (MM/DD/YY) 8-18-25		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
				Hemelwood Traco 8-18-25		

Did you contact another shelter? *yes*

Why did they decline to accept?
Call to place they were full

City of Danville Animal Control Officer / Public Animal Shelter	ANIMAL CUSTODY RECORD
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ANIMAL ID	41534	CUSTODY DATE MM/DD/YY	8-11-25	TIME	800 AM <u>PM</u>
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN			
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]			
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia				[REDACTED]	
Name:		<input type="checkbox"/> Out-of-State					
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:		[REDACTED]			

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

ANIMAL DESCRIPTION				
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DMH	GgT-h/w	Approximate AGE: 1 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 8# <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: 8-11-25 Scan: 8-15-25 None detected

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY) 8-11-25

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 Euth	HOLDING PERIOD EXPIRES ON (Date): 8-18-25
DATE: (MM/DD/YY) 8-19-25	FINAL MICROCHIP SCAN PERFORMED BY (Initials)

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
		8-19-25				

Did you contact another shelter? NO Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41535	CUSTODY DATE MM/DD/YY	8-13-25	TIME	323	AM <input checked="" type="radio"/> PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantined	[REDACTED]		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
Name:		<input type="checkbox"/> Out-of-State				

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	NOT FRIENDLY

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	S.H.	OR9	Approximate AGE: 2yr <input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 9 <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: 8-13-25 Scan: 8-14-25 None Det

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-13-25

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, I must follow the adoption procedures.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL: Euth	HOLDING PERIOD EXPIRES ON (Date): 8-14-25
DATE: (MM/DD/YY) 8-14-25	FINAL MICROCHIP SCAN PERFORMED: [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
		8-14-25				

Did you contact another shelter? NO Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41534	CUSTODY DATE MM/DD/YY	8-13-25	TIME	5 PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DASH	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	[REDACTED] Can't Afford

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk	
<input type="checkbox"/> Feline	GShep	Tri	Approximate AGE: 9 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO		
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 40 <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: 8-13-25 Scan: 8-15-25 None Det

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY) 8-13-25

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 Transfer	HOLDING PERIOD EXPIRES ON (Date): 8-14-25
DATE: (MM/DD/YY) 8-19-25	FINAL MICROCHIP SCAN PERFORMED BY (Initials)

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
				Homeward Trails 8-20-25		

Did you contact another shelter? NO **Why did they decline to accept?**

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41537

CUSTODY DATE
MM/DD/YY

8-14-25

TIME

700

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:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

Lab x

Blk.

Approximate AGE: 4 W YR MO

Approximate WEIGHT: 3 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: 8-14-25
Scan
not det.

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-14-25

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): 8-14-25

DATE: (MM/DD/YY) 8-14-25

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

8-14-25

Did you contact another shelter? NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41538	CUSTODY DATE MM/DD/YY	8-14-25	TIME	7:00	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DARTS.	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

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

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	malinois	tan/Blk	Approximate AGE: 1 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 45 <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	collar	Scan: 8-14-25 Scan: 8-16-25 not det

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY) 8-14-25

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
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DATE: (MM/DD/YY) 9-2-25	FINAL MICROCHIP SCAN PERFORMED BY (Initial):
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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
9-2-25						

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

City of Danville Animal Control Officer / Public Animal Shelter			ANIMAL CUSTODY RECORD			
ANIMAL ID	41539	CUSTODY DATE MM/DD/YY	8-14-25	TIME	7:00	AM PM
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DATTs		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
Name:		<input type="checkbox"/> Out-of-State				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
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"/>	malinois	tan black	Approximate AGE: 1	<input checked="" type="checkbox"/> YR	<input type="checkbox"/> MO	
			Approximate WEIGHT: 40	<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: 8-14-25 Scan 8-16-25 not detected		
CUSTODY RECORD PREPARED BY						
Signature: [Redacted]			DATE: (MM/DD/YY) 8-14-25			
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): 8-21-25			
DATE: (MM/DD/YY)		FINAL MICROCHIP SCAN PERFORMED BY [Redacted]				
9-2-25						
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

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41540 **CUSTODY DATE** 8/24/25 **TIME** 11:25 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:

Name: Out-of-State

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

[Redacted Owner Information]

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk
<input type="checkbox"/> Feline	German Shepherd	tan/Blk	Approximate AGE: 5 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 50 <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: 8-14-25 Scang: 2025 New Out

CUSTODY RECORD PREPARED BY

Signature: [Redacted] **DATE:** (MM/DD/YY) 8/24/25

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: [Redacted] 8-21-25

DISPOSITION OF ANIMAL Euth **HOLDING PERIOD EXPIRES ON (Date):** [Redacted]

DATE: (MM/DD/YY) 8-22-25 **FINAL MICROCHIP SCAN PERFORMED BY (Initials):** [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
		8-22-25				

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41541 CUSTODY DATE: 8.13.25 TIME: 600 AM
 PM

REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DATHC
<input type="checkbox"/> Transfer from Another Releasing Agency Name: _____		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other: _____	

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

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	<u>Pitt Mastiff</u>	<u>Tan/w</u>	Approximate AGE: <u>5</u> <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO Approximate WEIGHT: <u>20</u> <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)
<u>none</u>	<u>none</u>	<u>none</u>	<u>none</u>	Scan: <u>8-13-25</u> Scan: <u>8-14-25</u> <u>none dock</u>

CUSTODY RECORD PREPARED BY

Signature: DATE: (MM/DD/YY) 8.13.25

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 transfer HOLDING PERIOD EXPIRES ON (Date): 8-20-25

DATE: (MM/DD/YY) 8-25-25 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
				<u>Homebased Trans</u> <u>8/25/25</u>		

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	241542	CUSTODY DATE MM/DD/YY	8-14-25	TIME	12:20 PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input 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: _____		

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

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	ORG	Approximate AGE: 2 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	Approximate WEIGHT: 8 <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: 8-14-25 Scan: 8-15-25 None Det

CUSTODY RECORD PREPARED BY

Signature: DATE: (MM/DD/YY) 8-14-25

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 Euth **HOLDING PERIOD EXPIRES ON (Date)** 8-21-25

DATE: (MM/DD/YY) 8-21-25 **FINAL MICROCHIP SCAN PERFORMED BY (Initials)**

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
		8-21-25				

Did you contact another shelter? NO **Why did they decline to accept?** _____

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41543 CUSTODY DATE: 8-14-25 TIME: 1:53 AM
PM

REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAHS
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:	
Name:		<input type="checkbox"/> Out-of-State		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	Can't Keep

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	OR9	Approximate AGE: <u>5mos</u> <input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: <u>2</u> <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: <u>8-14-25</u> Scan: <u>41525</u> None Det

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY) <u>8-14-25</u>

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 <u>Transfer</u>	HOLDING PERIOD (MM/DD/YY) <u>8-15-25</u>
DATE: (MM/DD/YY) <u>8-15-25</u>	FINAL MICROCHIP SCAN PERFORMED BY:

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
				Homeward Trails <u>8-15-25</u>		

Did you contact another shelter? yes Why did they decline to accept? NO

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41544 CUSTODY DATE: 8-14-25 TIME: 3 AM
PM

REASON FOR CUSTODY (mark appropriate box)


Stray / At Large
 Owner Surrender
 Seized
 Bite Case Quarantine

Transfer from Another Releasing Agency
 Virginia
 Other:

Name: _____ Out-of-State

DAHS

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

 Can't Keep

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input type="checkbox"/> Feline	<u>Jabs</u>	<u>BLACK</u>	Approximate AGE: <u>2</u> <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: <u>7</u> <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)
<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>	Scan: <u>8-14-25</u> Scan: <u>8-15-25</u> <u>None Det</u>

CUSTODY RECORD PREPARED BY


Signature:  DATE: (MM/DD/YY) 8-14-25

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 Transfer **HOLDING PERIOD EXPIRES ON (Date):** 8-15-25

DATE: (MM/DD/YY) 8-14-25 **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
				<u>82025</u> 81105 <u>Homes and Trails</u>		

Did you contact another shelter? NO **Why did they decline to accept?**

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41545 CUSTODY DATE: 8-14-25 TIME: 3 AM
PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large
 Owner Surrender
 Seized
 Bite Case Quarantine

Transfer from Another Releasing Agency
 Virginia
 Other:

Name: _____ Out-of-State

DAHS

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

Can't keep

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	<u>Jabs</u>	<u>TAN / BLACK</u>	Approximate AGE: <u>2</u> <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO Approximate WEIGHT: <u>2</u> XLB 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)
<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>	Scan: <u>8-14-25</u> Scan: <u>8-15-25</u> <u>None Det</u>

CUSTODY RECORD PREPARED BY

Signature: DATE: (MM/DD/YY) 8-14-25

RIGHTFUL OWNER SURRENDER STATEMENT 8-15-25

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 Transf HOLDING PERIOD EXPIRES ON (Date): 8-15-25

DATE: (MM/DD/YY) 8-19-25 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
				<u>Home & Trails</u> <u>8-20-25</u>		

Did you contact another shelter? NO Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41546 CUSTODY DATE: 8-14-25 TIME: 3 AM
PM

REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DASH
<input type="checkbox"/> Transfer from Another Releasing Agency Name: _____		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:	
		<input type="checkbox"/> Out-of-State		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	Can't Keep

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Dabs	BLACK		
			Approximate AGE: <u>2</u> <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO	
			Approximate WEIGHT: <u>2</u> <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: <u>8-14-25</u> Scan: <u>8-15-25</u> None Det

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] DATE: (MM/DD/YY) 8-14-25

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: [REDACTED]

DISPOSITION OF ANIMAL Transfer HOLDING PERIOD EXPIRES ON (Date): 8-15-25

DATE: (MM/DD/YY) 8-15-25 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
				Haneswood Trail, 8-20-25		

Did you contact another shelter? NO Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41547 CUSTODY DATE: 8-14-25 TIME: 3 AM
PM

REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DASH
<input type="checkbox"/> Transfer from Another Releasing Agency Name: _____		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other: _____	

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	Can't Keep

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y <input type="checkbox"/> N <input type="checkbox"/> Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/> _____	Dogs	BLACK	Approximate AGE: <u>2</u> <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO Approximate WEIGHT: <u>2</u> <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: <u>8-14-25</u> Scan: <u>81525</u> None Det

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] DATE: (MM/DD/YY) 8-14-25

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: [REDACTED]

DISPOSITION OF ANIMAL Transf **HOLDING PERIOD EXPIRES ON (Date):** 8-15-25

DATE: (MM/DD/YY) 8-19-25 **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
				Homecare 8/20/25		

Did you contact another shelter? NO **Why did they decline to accept?**

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41548

CUSTODY DATE
MM/DD/YY

8-14-25

TIME

3

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:

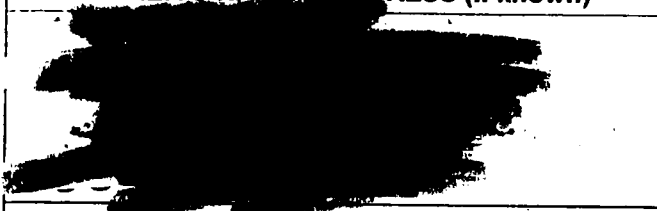
Name:

Out-of-State

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



CAN'T KEEP

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

Jabs

BLACK

Approximate AGE: 2 YR MO

Approximate WEIGHT: 2 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: 8-14-25
Scan: 81525
None Det

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-14-25

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 the procedures.

SIGNATURE:

DISPOSITION OF ANIMAL

Transfer

HOLDING PERIOD EXPIRES ON (Date): 8-15-25

DATE: (MM/DD/YY)

8-15-25

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

Homeward Trails
8-20-25

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: **41549** CUSTODY DATE: **8/14/25** TIME: **8:31** **AM** **PM**

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:

Name: _____ Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN

[REDACTED]

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

[REDACTED]

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male · <input type="checkbox"/> Female	Altered: Y · N · Unk
<input type="checkbox"/> Feline	Chix	brown/wht	Approximate AGE: 5 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 10 <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: 814125 Scan: 8-1525 None detected

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] DATE: (MM/DD/YY) **8/14/25**

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 **RTD** **HOLDING PERIOD EXPIRES ON (Date):** **8-21-25**

DATE: (MM/DD/YY) **8-15-25** **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
8-15-25						

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41551 CUSTODY DATE: 8-13-25 TIME: 12:30 AM
PM

REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	D AHS
<input type="checkbox"/> Transfer from Another Releasing Agency Name: _____		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other: _____	

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

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	Blk/white	Approximate AGE: <u>6 WKS</u> <input type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: <u>1#</u> <input 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: <u>8-13-25</u> Scan: <u>81525</u> None

CUSTODY RECORD PREPARED BY

Signature: _____ DATE: (MM/DD/YY) 8-13-25

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 Transfer . HOLDING PERIOD EXPIRES ON (Date): 8-20-25

DATE: (MM/DD/YY) 8-19-25 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
				Honeywell Trak 8-19-25		

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41552	CUSTODY DATE MM/DD/YY	8-15-25	TIME	12:10	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DASH		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
Name:		<input type="checkbox"/> Out-of-State				

OWNER'S NAME & ADDRESS (If known)	ADDITIONAL INFORMATION
[REDACTED]	[REDACTED]

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input type="checkbox"/> Feline	Chiy	Tan	Approximate AGE: 1 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 15 <input checked="" type="checkbox"/> LB
<input type="checkbox"/> Other			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: 8-15-25 Scan: 8-16-25

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-15-25

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 was not satisfied with the adoption procedures.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL: Transfer	HOLDING PERIOD EXPIRES ON (Date): 8-16-25
DATE: (MM/DD/YY) 8-19-25	FINAL MICROCHIP SCAN PERFORMED BY (Initials): [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
				8-20-25 8-20-25 Homeard Tr...		

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

City of Danville Animal Control Officer / Public Animal Shelter	ANIMAL CUSTODY RECORD
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ANIMAL ID	41553	CUSTODY DATE MM/DD/YY	8-15-25	TIME	12:10	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN				
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAHS				
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia					<input type="checkbox"/> Other:	
Name:		<input type="checkbox"/> Out-of-State						

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

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input type="checkbox"/> Feline	SHIZ	Grey/Bk	Approximate AGE: 2 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 10 <input 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		Scan: 8-15-25 Scan: 8-15-25

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY) 8-15-25

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 <i>Transfer</i>	HOLDING PERIOD EXPIRES ON (Date): 8-16-25
DATE: (MM/DD/YY) 8-19-25	FINAL MICROCHIP SCAN PERFORMED BY (Initials):

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
				Huneword Trails 8-19-25		

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

City of Danville Animal Control Officer / Public Animal Shelter	ANIMAL CUSTODY RECORD
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ANIMAL ID	41554	CUSTODY DATE MM/DD/YY	8-15-25	TIME	12:40 ^{AM}
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAHS	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia			
Name:		<input type="checkbox"/> Out-of-State			

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

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input type="checkbox"/> Feline	Hound/shep mix	Brown	Approximate AGE: 14 wk <input type="checkbox"/> YR <input type="checkbox"/> MO
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 8 <input 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: 8-15-28 Scan: 8-17-25

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY) 8-15-25

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 to be held, I will follow the adoption procedures.

SIGNATURE:

DISPOSITION OF ANIMAL <i>Transfer</i>	HOLDING PERIOD EXPIRES ON (Date): 8-16-25
DATE: (MM/DD/YY) 8-25-25	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
				Homebased Trals 8-20-25		

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41555 **CUSTODY DATE** 8-15-25 **TIME** 1:05 **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:

Name: Out-of-State

DAHS

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

[REDACTED] Mya

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N Unk
<input type="checkbox"/> Feline	Chix	Brown / Gray	Approximate AGE: 1 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 9 <input 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: 8-15-25 Scan 8-16-25

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] **DATE:** (MM/DD/YY) 8-15-25

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: [REDACTED]

DISPOSITION OF ANIMAL Transfer **HOLDING PERIOD EXPIRES ON (Date):** 8-16-25

DATE: (MM/DD/YY) 8-15-25 **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
				Honeyd Trail 819-25		

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41557 CUSTODY DATE (MM/DD/YY): 8/15/25 TIME: 2:00 PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine



LOCATION WHERE CUSTODY WAS TAKEN

Transfer from Another Releasing Agency Virginia Other:
 Name: _____ Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	<u>Bully</u>	<u>gry / brn</u>	Approximate AGE: <u>3</u> <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: <u>35</u> <input checked="" type="checkbox"/> LBS
			OTHER: <u>NONE</u>

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)
<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	Scan: <u>NONE 8-15-25</u> Scan: <u>825-25</u>

CUSTODY RECORD PREPARED BY

Signature: DATE: (MM/DD/YY) 8/15/98

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 Euth HOLDING PERIOD EXPIRES ON (Date): 8-27-25

DATE: (MM/DD/YY) 8-28-25 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
		<u>8-28-25</u>				

Did you contact another shelter? NO Why did they decline to accept? _____

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41558 **CUSTODY DATE** 8-15-25 **TIME** 3:45 ^{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:
Name: Out-of-State

DASH

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

Found on Ringold Church Rd
Lulu

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Doodle	Black	Approximate AGE: 3 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 45 <input 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	Flee Collar	Scan: 8-15-25 Scan: 8-18-25 None

CUSTODY RECORD PREPARED BY

Signature: [Redacted] DATE: (MM/DD/YY) 8-15-28

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):** 8-27-25

DATE: (MM/DD/YY) 8-27-25 **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
				Virginia Beach Spca		

Did you contact another shelter? NO 8-27-25 **Why did they decline to accept?**

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41559

CUSTODY DATE
MM/DD/YY

8-15-25

TIME

4:50

AM

PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

Stray / At Large Owner Surrender Seized Bite Case Quarantine

DAH S

Transfer from Another Releasing Agency Virginia Other:

Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Someone in white truck Dumped him off on [REDACTED]

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

P.H

Gray White

Approximate AGE: 2 YR MO

Approximate WEIGHT: 30 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: 8-15-25
Scan: 8-20-25

CUSTODY RECORD PREPARED BY

Signature: [REDACTED]

DATE: (MM/DD/YY)

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: Euth

HOLDING PERIOD EXPIRES ON (Date): 8-22-25

DATE: (MM/DD/YY)

8-3-25

FINAL MICROCHIP SCAN PERFORMED BY (Name): [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

8-3-25

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41560

CUSTODY DATE
MM/DD/YY

8-15-25

TIME

5:30

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:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

DSH

Blk/white

Approximate AGE: 2 YR MO

Approximate WEIGHT: 7 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: 8-15-25
Scan: 8-16-25
None

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MMDDYY)

8-15-25

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 to follow adoption procedures.

SIGNATURE:

DISPOSITION OF ANIMAL

Euth

HOLDING PERIOD EXPIRES ON (Date): 8-16-25

DATE: (MM/DD/YY)

8-19-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)

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

8-19-25

Did you contact another shelter? No

Why did they decline to accept?

City of Danville Animal Control Officer / Public Animal Shelter			ANIMAL CUSTODY RECORD			
ANIMAL ID	41561	CUSTODY DATE	8-15-25	TIME	5:30	AM PM
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]		
<input type="checkbox"/> Transfer from Another Releasing Agency	<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:				
Name:		<input type="checkbox"/> Out-of-State				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
[REDACTED]						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk		
<input type="checkbox"/> Feline	DSH	Gray Tabby	Approximate AGE: 2	<input checked="" type="checkbox"/> YR <input type="checkbox"/> MO		
<input type="checkbox"/> Canine			Approximate WEIGHT: 7	<input 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: 8-15-25	Scan: 8-16-25	None
CUSTODY RECORD PREPARED BY						
Signature: [REDACTED]			DATE: (MM/DD/YY) 8-15-25			
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, I will follow adoption procedures.						
SIGNATURE: [REDACTED]						
DISPOSITION OF ANIMAL			HOLDING PERIOD EXPIRES ON (Date):			
Euth			8-16-25			
DATE: (MM/DD/YY)		FINAL MICROCHIP SCAN PERFORMED BY (Initial)				
8-19-25		[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
		8-19-25				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41562

CUSTODY DATE
MM/DD/YY

8-15-25

TIME

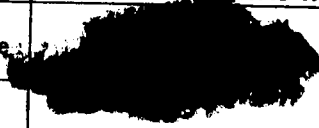
5:30

AM
PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

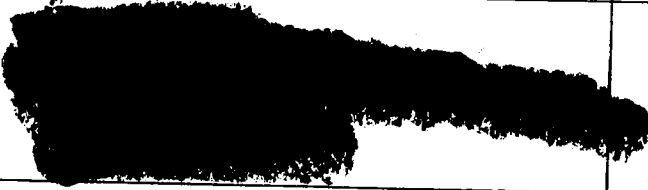
Stray / At Large Owner Surrender Seized Bite Case Quarantine



Transfer from Another Releasing Agency Virginia Other:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

DSH

Grey/Wh. R

Approximate AGE: 2 YR MO

Approximate WEIGHT: 7 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: 8-15-25
Scan: 8-16-25
None

CUSTODY RECORD PREPARED BY

Signature:



DATE: (MM/DD/YY)

8-15-25

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 to follow adoption procedures.

SIGNATURE



DISPOSITION OF ANIMAL

Euth

HOLDING PERIOD EXPIRES ON (Date): 8-16-25

DATE: (MM/DD/YY)

8-19-25

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

81925

Did you contact another shelter? NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41563 **CUSTODY DATE** MM/DD/YY 8-16-25 **TIME** 12:10 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:
 Name: _____ Out-of-State

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

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSA	Blk/white	Approximate AGE: 1 YR MO Approximate WEIGHT: 6 LB 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: 8-16-25 Scan: 8-18-25 none

CUSTODY RECORD PREPARED BY

Signature: _____ DATE: (MM/DD/YY) 8-16-25

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):** 8-23-25

DATE: (MM/DD/YY) 8-28-25 **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
		8-28-25 gret				

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

ANIMAL ID 41564	CUSTODY DATE MM/DD/YY 8-16-25	TIME 11:30	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:	
Name:		<input type="checkbox"/> Out-of-State		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	[REDACTED]

ANIMAL DESCRIPTION				
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y <input checked="" type="radio"/> N <input type="radio"/> Unk
<input checked="" type="checkbox"/> Feline	DSH	Bk/white	Approximate AGE: 3	<input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 7	<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: 8-16-25 Scan: 8-17-25 None

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MMDDYY) 8-16-25

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 contact the shelter.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL: Euthanized	HOLDING PERIOD EXPIRES ON (Date): 8-17-25
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DATE: (MMDDYY) 8-19-25	FINAL MICROCHIP SCAN PERFORMED BY (Initials): [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
		8-19-25				

Did you contact another shelter? *no* Why did they decline to accept?

ANIMAL ID 41565	CUSTODY DATE MM/DD/YY 8-16-25	TIME 6:15	AM <input checked="" type="radio"/> PM
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REASON FOR CUSTODY (mark appropriate box) LOCATION WHERE CUSTODY WAS TAKEN

<input checked="" type="checkbox"/> Stray / At Large	<input 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"/> Other: _____
		<input type="checkbox"/> Out-of-State	

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

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input checked="" type="radio"/> N <input type="radio"/> Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Pit / Hound X	tri	Approximate AGE: 2	<input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
			Approximate WEIGHT: 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: 8-16-25 Scan: 8-20-25 no death

CUSTODY RECORD PREPARED BY

Signature: _____ DATE: (MM/DD/YY) 8-16-25

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: Euth HOLDING PERIOD EXPIRES ON (Date): 8-23-25

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

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41566	CUSTODY DATE MM/DD/YY	8-16-25	TIME	6:15	AM PM
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REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine
<input type="checkbox"/> Transfer from Another Releasing Agency	<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:	
Name:	<input type="checkbox"/> Out-of-State	[REDACTED]	

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input type="checkbox"/> Feline	Pit Hound x	Blk/whit	Approximate AGE: 2	<input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 4	<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: 8-16-25 Scan: 8-20-25 not det.

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] DATE: (MMDDYY) 8-16-25

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: Euth HOLDING PERIOD EXPIRES ON (Date): 8-23-25

DATE: (MMDDYY)	8-25-25	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
		8-25-25				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41567

CUSTODY DATE
MM/DD/YY

8-16-25

TIME

6:15

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:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

pit
Hound x

Blk wht

Approximate AGE: 2 YR MO

Approximate WEIGHT: 4 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: 8-16-25
Scan: 8-20-25
no det.

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-16-25

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): 8-23-25

DATE: (MM/DD/YY)

8-25-25

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

8-25-25

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41568	CUSTODY DATE MM/DD/YY	8-16-25	TIME	6:15	AM <input type="radio"/> PM <input checked="" type="radio"/>
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REASON FOR CUSTODY (mark appropriate box) **LOCATION WHERE CUSTODY WAS TAKEN**

<input checked="" type="checkbox"/> Stray / At Large	<input 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: _____	

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

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 Hound X	tan/Blk	Approximate AGE: 2	<input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
			Approximate WEIGHT: 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: 8-16-25 Scan: 8-20-25 No chipt

CUSTODY RECORD PREPARED BY

Signature: _____ DATE: (MM/DD/YY) 8-16-25

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 *Euth* **HOLDING PERIOD EXPIRES ON (Date):** 8-23-25

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

Did you contact another shelter? *NO* **Why did they decline to accept?**

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41569	CUSTODY DATE MM/DD/YY	8-16-25	TIME	6:15	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

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

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 Hound x	tan / blk	Approximate AGE: 2	<input type="checkbox"/> YR	<input checked="" type="checkbox"/> MO
			Approximate WEIGHT: 4	<input 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: 8-16-25 Scan: 8-20-25 no chipt

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-16-25

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 Euth **HOLDING PERIOD EXPIRES ON (Date):** 8-23-25

DATE: (MM/DD/YY)	FINAL MICROCHIP SCAN PERFORMED BY (Initial)					
8-25-25	[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
		Y-2525				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41570

CUSTODY DATE
MM/DD/YY

8-16-25

TIME

6:15

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:

Name:

Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

pit
Howard X

tri

Approximate AGE: 2 YR MO

Approximate WEIGHT: 4 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: 8-16-25
Scan: 8-20-25
no chipt

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-16-25

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: Euth

HOLDING PERIOD EXPIRES ON (Date):

8-23-25

DATE: (MM/DD/YY)

8-25-25

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

8-25-25

Did you contact another shelter?

NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41571	CUSTODY DATE MM/DD/YY	08.17.25	TIME	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DASH	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	Roaming street and sleeping on random porches for the past couple of days.

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk
<input type="checkbox"/> Feline	Great Dane	white w/brindle and black spots	Approximate AGE: 3.5 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 50 <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
None	None	None	green	8-20-25

CUSTODY RECORD PREPARED BY		DATE: (MM/DD/YY)
[REDACTED]		08/17/25

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): 8-29-25
DATE: (MM/DD/YY) 8-15-25	FINAL MICROCHIP SCAN PERFORMED BY (Initials): [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
				91575 K. Howard SPA		

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41572

CUSTODY DATE
MM/DD/YY

8/18/25

TIME

1:06

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:

Name: Out-of-State



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Unweaned
NOT Thriving

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y Unk

Feline

DSH

tan

Approximate AGE: 3 wks YR MO

Canine

Approximate WEIGHT: 0 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: 8/18/25
Scan 8-19-25
none detected

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8/18/25

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): 8-25-25

DATE: (MM/DD/YY)

8-19-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)

Returned to Owner	Adopted	Euthanized	Died in Custody	Transferred to Another Virginia Releasing Agency (name of agency)	Transferred to Other Releasing Agency (name of agency)	Other
		8-19-25				

Did you contact another shelter? *no*

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

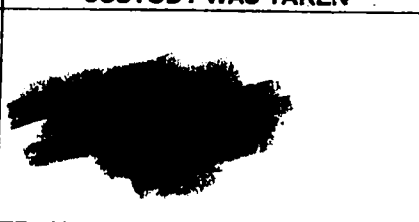
ANIMAL CUSTODY RECORD

ANIMAL ID	41573	CUSTODY DATE MM/DD/YY	8/18/25	TIME	1:06	AM PM
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REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine
<input type="checkbox"/> Transfer from Another Releasing Agency	<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:	
Name:	<input type="checkbox"/> Out-of-State		



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

unweaned

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y <input checked="" type="radio"/> Unk
<input checked="" type="checkbox"/> Feline	DSH	calico	Approximate AGE: 3 wks	<input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 0	<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 8/18/25 Scan 819-25 none detected

CUSTODY RECORD PREPARED BY

Signature: DATE: (MM/DD/YY) 8/18/25

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: Euth HOLDING PERIOD EXPIRES ON (Date): 8-25-25

DATE: (MM/DD/YY) 8/19/25 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
		8/19/25				

Did you contact another shelter? *no* Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41574	CUSTODY DATE MM/DD/YY	8/18/25	TIME	1:06	(AM) PM
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REASON FOR CUSTODY (mark appropriate box) **LOCATION WHERE CUSTODY WAS TAKEN**

<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]
<input type="checkbox"/> Transfer from Another Releasing Agency	<input type="checkbox"/> Virginic	<input type="checkbox"/> Other:		
Name:			<input type="checkbox"/> Out-of-State	

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

	unweaned
--	----------

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y <input checked="" type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline	DSH	grey	Approximate AGE: 3 wks <input type="checkbox"/> YR <input type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 0 <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: 8/18/25 Scan 8-18-25 none detected

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] DATE: (MM/DD/YY) 8/18/25

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 Euth **HOLDING PERIOD EXPIRES ON (Date):** 8-25-25

DATE: (MM/DD/YY) 8-19-25 **FINAL MICROCHIP SCAN PERFORMED BY (Initials):** [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
		8/19/25				

Did you contact another shelter? no Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41575

CUSTODY DATE
MM/DD/YY

8/18/25

TIME

1:06

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:
Name: Out-of-State



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

unweaned

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input checked="" type="radio"/> Unk
<input checked="" type="checkbox"/> Feline	DSH	orange	Approximate AGE: 3 wks <input type="checkbox"/> YR <input type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 0 <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: 8/18/25 Scan: 8/19/25 none detected

CUSTODY RECORD PREPARED BY

Signature: _____ DATE: (MM/DD/YY)

8/18/25

RIGHTFUL OWNER SURRENDER STATEMENT

8-25-25

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): 8-25-25

DATE: (MM/DD/YY) 8-19-25 FINAL MICROCHIP SCAN PERFORMED BY (Initials): _____

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
		874.25				

Did you contact another shelter? NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41576

CUSTODY DATE
MM/DD/YY

8-18-25

TIME

12:21

AM
PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:
Name: Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

4233 Lovel Run Rd
Hurt

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline
 Canine

Pit

BROWN
Tan

Approximate AGE: 3 YR MO

Approximate WEIGHT: - 25 - 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: 8-18-25
Scan 8-25-25
None Det.

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-18-25

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: Euth HOLDING PERIOD EXPIRES ON (Date): 8-25-25

DATE: (MM/DD/YY)

8-28-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)

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

8-28-25

Did you contact another shelter? yes

Why did they decline to accept? PC - Full was told to bring to Danville

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41577 **CUSTODY DATE** MM/DD/YY 8-18-25 **TIME** 1:30 **AM** **PM**

REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DASH	
<input type="checkbox"/> Transfer from Another Releasing Agency Name: _____		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	[REDACTED]

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	GRY. White	Approximate AGE: 6mos <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO Approximate WEIGHT: 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: 8-18-25 Scan 8-20-25 None Det

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] **DATE: (MM/DD/YY)** 8-18-25

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 *Transferred* **HOLDING PERIOD EXPIRES ON (Date):** 8-25-25

DATE: (MM/DD/YY) 8-4-25 **FINAL MICROCHIP SCAN PERFORMED BY:** [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
				Harrison Traci's 8-5-25		

Did you contact another shelter? *NO* **Why did they decline to accept?**

115

City of Danville Animal Control Officer / Public Animal Shelter	ANIMAL CUSTODY RECORD
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ANIMAL ID	41578	CUSTODY DATE MM/DD/YY	8-18-25	TIME	1:34 PM
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REASON FOR CUSTODY (mark appropriate box)	LOCATION WHERE CUSTODY WAS TAKEN
<input checked="" type="checkbox"/> Stray / At Large <input type="checkbox"/> Owner Surrender <input type="checkbox"/> Seized <input type="checkbox"/> Bite Case Quarantine <input type="checkbox"/> Transfer from Another Releasing Agency <input type="checkbox"/> Virginia <input type="checkbox"/> Other: Name: _____ <input type="checkbox"/> Out-of-State	DAHS

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	Top of hill on Lebestova Dr.

ANIMAL DESCRIPTION			
SPECIES <input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	BREED DSH	COLOR / MARKINGS Gray white	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk Approximate AGE: 6 mos <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO Approximate WEIGHT: 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: 8-18-25 Scan: 8-2-25 None set

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY) 8-18-25

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): 8-25-25

DATE: (MM/DD/YY) 7-4-25 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
				Homenet Falls 8-4-25		

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41579 CUSTODY DATE (MM/DD/YY): 8-18-25 TIME: 3:06 AM PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:

Name: _____ Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN

[REDACTED]

OWNER'S NAME & ADDRESS (if known)

[REDACTED]

ADDITIONAL INFORMATION

Dog is aggressive

ANIMAL DESCRIPTION

SPECIES: Feline Canine

BREED: Shopy - TRI

COLOR / MARKINGS: _____

SEX: Male Female Altered: Y N Unk

Approximate AGE: 1yr YR MO

Approximate WEIGHT: 35 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)
<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>	Scan: <u>8-18-25</u> Scan: <u>820-25</u>

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] DATE: (MM/DD/YY) 8-18-25

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 the procedures.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL Euth **HOLDING PERIOD** 8-19-25

DATE: (MM/DD/YY) 8-22-25 FINAL MICROCHIP SCAN PERFORMED BY (Initials) [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
		<u>820-25</u>				

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: **41580** CUSTODY DATE: **8/18/25** TIME: **3:12** AM PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Impounded

Name: Out-of-State Other: ..

LOCATION WHERE CUSTODY WAS TAKEN: [REDACTED]

OWNER'S NAME & ADDRESS (if known): [REDACTED]

ADDITIONAL INFORMATION: [REDACTED]

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DMH	Orange	Approximate AGE: 3	<input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 10	<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)
n	n	n	n	Scan: 8-18-25 Scan: 8-21-25 None

CUSTODY RECORD PREPARED BY: [REDACTED]

Signature: [REDACTED] DATE: (MM/DD/YY) **8/18/25**

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: [REDACTED]

DISPOSITION OF ANIMAL HOLDING PERIOD EXPIRES ON (DD) **8-28-25**

DATE: (MM/DD/YY) **8-28-25** 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
		8-28-25 Sick				

Did you contact another shelter? **NO** Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41581 **CUSTODY DATE** MM/DD/YY 8-19-25 **TIME** 11:30 **AM** **PM**

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:

Name: Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ALL Matted up
 Bad Not
 Cleaned At ALL

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Shih-tzu	Brown	Approximate AGE: 10 <input checked="" type="checkbox"/> YRS <input type="checkbox"/> MO
			Approximate WEIGHT: 12 <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: 8-19-25 Scan None Det

CUSTODY RECORD PREPARED BY

Signature: [Redacted] **DATE: (MM/DD/YY)** 8-19-25

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 to be adopted, I will follow adoption procedures.

SIGNATURE: [Redacted]

DISPOSITION OF ANIMAL **HOLDING PERIOD EXPIRES ON (Date):** N/A

DATE: (MM/DD/YY) 8-19-25 **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
		8-19-25 for owner				

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

City of Danville Animal Control Officer / Public Animal Shelter		ANIMAL CUSTODY RECORD			
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ANIMAL ID	41582	CUSTODY-DATE MM/DD/YY	8-19-25	TIME	1150 AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAHS	
<input type="checkbox"/> Transfer from Another Releasing Agency Name:		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:		

OWNER'S NAME & ADDRESS (if known) [REDACTED]	ADDITIONAL INFORMATION Roaming Around
--	---

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Pit	Brindle	Approximate AGE: 3 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 50 <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	NO	Purple/Flea	Scan: 9-10-25 Scan: 9-20-25 None Det.

CUSTODY RECORD PREPARED BY [REDACTED]		DATE: (MMDDYY) 8-19-25
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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 [REDACTED]	HOLDING PERIOD EXPIRES ON (Date) 8-31-25
DATE: (MMDDYY) 9-3-25	FINAL MICROCHIP SCAN PERFORMED BY (Name) [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
		9-3-25				

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41583 CUSTODY DATE: 8-19-25 TIME: 12 AM/PM: PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:

Name: _____ Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN

[REDACTED]

OWNER'S NAME & ADDRESS (if known)

[REDACTED]

ADDITIONAL INFORMATION

Can't keep all of these cats

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	Black white	Approximate AGE: 2 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 17 <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: 8-19-25 Scan: 8-20-25 None

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] DATE: (MM/DD/YY) 8-19-25

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, I will contact the shelter within 30 days.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL HOLDING PERIOD EXPIRES ON (Date): 8-20-25

DATE: (MM/DD/YY) 8-28-25 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
		808-25				

Did you contact another shelter? Yes Why did they decline to accept? Call fax sent them to Danville VA

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41584

CUSTODY DATE
MM/DD/YY

8-19-25

TIME

12²⁰

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:

Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Can't Keep All of these Cats

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

DSH

BLACK

Approximate AGE: 4 wks YR MO

Approximate WEIGHT: 1 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: 8-19-25
Scan: 8-20-25
None Out

CUSTODY RECORD PREPARED BY

Signature

DATE: (MM/DD/YY)

8-19-25

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 euthanized or otherwise disposed in accordance with Virginia Code, Title 3.2, Ch. 65. If I want the animal returned, I will follow the procedures.

SIGNATURE

DISPOSITION OF ANIMAL

HOLD

8-20-25

DATE: (MM/DD/YY)

8-28-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)

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

8-28-25

Did you contact another shelter? *yes*

Why did they decline to accept? *HALIFAX SENT chuto Danville*

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41585

CUSTODY DATE
MM/DD/YY

8-19-25

TIME

12:20

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:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	BLACK white	Approximate AGE: 4 wks <input type="checkbox"/> YR <input type="checkbox"/> MO	Approximate WEIGHT: 1 <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: 8-19-25 Scan: 8-20-25 None Det

CUSTODY RECORD PREPARED BY

Signature

DATE: (MM/DD/YY)

8-19-25

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 inhumanely euthanized or otherwise disposed in accordance with Virginia Code, Title 3.2, Ch. 65. If I want the animal to be returned to me, I will follow the procedures.

SIGNATURE

DISPOSITION OF ANIMAL

HOLDING

DATE: (MM/DD/YY)

8-28-25

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
		8-28-25				

Did you contact another shelter?

Yes

Why did they decline to accept?

HALIFAX told me to bring PUS

City of Danville
Animal Control Officer / Public Animal Shelter


ANIMAL CUSTODY RECORD


ANIMAL ID 41586 **CUSTODY DATE** 8-19-25 **TIME** 12:30 **AM** **PM**

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:
 Name: Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN


OWNER'S NAME & ADDRESS (if known)


ADDITIONAL INFORMATION
 Can't keep all these CATS


ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	Tort	Approximate AGE: 4 YRS <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 1 <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: NONE Det Scan 8-20-25 8-19-25

CUSTODY RECORD PREPARED BY


Signature:  **DATE: (MM/DD/YY)** 8-19-25

RIGHTS 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 the adoption procedures.

SIGNATURE: 

DISPOSITION OF ANIMAL **HOLDING FEE PAID (YES/NO)** 1-20-25

DATE: (MM/DD/YY) 8-28-25 **FINAL MICROCHIP SCAN PERFORMED BY (Initials)** 

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
		8-28-25				

Did you contact another shelter? yes **Why did they decline to accept?** Halifax Junction to Danville

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41587 CUSTODY-DATE MM/DD/YY: 8-19-25 TIME: 12:20 AM
PM

REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]	
<input type="checkbox"/> Transfer from Another Releasing Agency	<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	Can't keep these cats

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DISH	Tort	Approximate AGE: 4WK <input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 1 <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: 8-19-25 Scan: 8-20-25 None Det

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-19-25

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 euthanized, adopted, or otherwise disposed in accordance with Virginia Code, Title 3.2, Ch. 65. If I want the animal returned to me, I will pay the return expenses.	
SIGNATURE: [REDACTED]	

DISPOSITION OF ANIMAL	HOLDING: [REDACTED] 8-20-25
DATE: (MM/DD/YY) 8-28-25	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
		8-28-25				

Did you contact another shelter? No Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41588 CUSTODY DATE: 8-19-25 TIME: 2130 **AM** **PM** (circled)

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:

Name: Out-of-State

[Redacted]

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

[Redacted]

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	<u>DSH</u>	<u>Calico</u>	Approximate AGE: <u>2yr</u> <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: <u>8</u> <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)
<u>none</u>	<u>none</u>	<u>none</u>	<u>none</u>	Scan: <u>8-16-25</u> Scan: <u>8-20-25</u> <u>None</u>

CUSTODY RECORD PREPARED BY

Signature: [Redacted] DATE: (MM/DD/YY) 8-19-25

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):** 8-25-25

DATE: (MM/DD/YY) 8-28-25 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
		<u>8-28-25</u> <u>Final</u>				

Did you contact another shelter? YES Why did they decline to accept? P.C won't take Her

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41589 CUSTODY-DATE: 8-19-25 TIME: 2:04 AM
PM

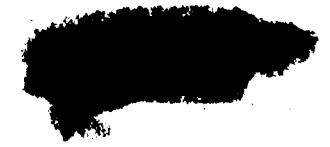
REASON FOR CUSTODY (mark appropriate box)

Stray / At Large
 Owner Surrender
 Seized
 Bite Case Quarantine


Transfer from Another Releasing Agency
 Virginia
 Other:

Name: _____ Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN



OWNER'S NAME & ADDRESS (if known)



ADDITIONAL INFORMATION

Can't Keep

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"/>	<u>Pit</u>	<u>BRINDLE</u>	Approximate AGE: <u>4</u>	<input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
			Approximate WEIGHT: <u>2</u>	<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)
<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>	Scan: <u>8-19-25</u> Scan: <u>8-20-25</u> <u>none</u>

CUSTODY RECORD PREPARED BY


Signature:  DATE: (MM/DD/YY) 8-19-25

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 Euth **HOLDING PERIOD EXPIRES WITHIN** 8-20-25

DATE: (MM/DD/YY) 8-22-25 **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
		<u>8-22-25</u>				

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41590
~~41590~~

CUSTODY DATE: 8-19-25 MM/DD/YY

TIME: 204 AM PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:

Name: Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN

[REDACTED]

OWNER'S NAME & ADDRESS (if known)

[REDACTED]

ADDITIONAL INFORMATION

CAN'T keep

ANIMAL DESCRIPTION

SPECIES: Feline Canine

BREED: Pit mix

COLOR / MARKINGS: Brindle

SEX: Male Female Altered: Y N Unk

Approximate AGE: 4 YR MO

Approximate WEIGHT: X 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)
<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>	Scan: <u>8-19-25</u> Scan: <u>8-20-25</u> <u>None Det</u>

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] DATE: (MM/DD/YY) 8-19-25

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, I will follow adoption procedures.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL Euth **HOLDING PERIOD EXPIRES ON (Date):** 8-20-25

DATE: (MM/DD/YY) 8-22-25 **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
		<u>8-22-25</u>				

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41591 **CUSTODY DATE** MM/DD/YY 8-19-25 **TIME** 4:15 **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:

Name: _____ Out-of-State

DAH'S

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

[REDACTED ADDRESS]

LH said Can't Keep
Willow

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"/>	Pom	Reddish	Approximate AGE: 2 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 10 <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: 8-19-25 Scan 8-30-25 None

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] DATE: (MM/DD/YY) 8-19-25

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: [REDACTED]

DISPOSITION OF ANIMAL Adopted **HOLDING PERIOD EXPIRES ON (date)**

DATE: (MM/DD/YY) 8-22-25 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
	8-22-25					

Did you contact another shelter? *yes* Why did they decline to accept? *vet center said need appointment full*

City of Danville
Animal Control Officer / Public Animal Shelter


ANIMAL CUSTODY RECORD

ANIMAL ID: 41591 CUSTODY DATE MM/DD/YY: 8-19-25 TIME: 4:15 PM AM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large
 Owner Surrender
 Seized
 Bite Case Quarantine
 Transfer from Another Releasing Agency
 Virginia
 Other:
 Out-of-State
 Name:

LOCATION WHERE CUSTODY WAS TAKEN
DAHS

OWNER'S NAME & ADDRESS (if known)


ADDITIONAL INFORMATION
LL said Can't keep
Willow

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Canine	<u>Pom</u>	<u>Reddish</u>	Approximate AGE: <u>2</u> <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	
			Approximate WEIGHT: <u>10</u> <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)
<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>	Scan: <u>8-19-25</u> Scan: <u>8-30-25</u> <u>None</u>

CUSTODY RECORD PREPARED BY

Signature:  DATE: (MM/DD/YY) 8-19-25

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 returned to me, I will follow the procedures.

SIGNATURE: 

DISPOSITION OF ANIMAL Adopted HOLD

DATE: (MM/DD/YY) 8-22-25 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
	<u>8-22-25</u>					

Did you contact another shelter? yes Why did they decline to accept? Pet Center said need Appointment Full

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41592

CUSTODY DATE
MM/DD/YY

8-19-25

TIME

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:
Name: Out-of-State

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Can't keep

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"/>	Australian Shepherd / Great Dane	Black/White on Chest	Approximate AGE: 16 weeks	<input type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 25	<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: 8-19-25 Scan: 8-20-25 NO TAG Det

CUSTODY RECORD PREPARED BY

DATE: (MM/DD/YY)

8-19-25

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): 8-20-25

DATE: (MM/DD/YY)

9-14-25

TOOK TO VET

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
	9-9-25					

Did you contact another shelter?

Yes

Why did they decline to accept?

Ref Carter
Can't take Nov. for taking anymore

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41593 **CUSTODY DATE** MM/DD/YY 8-19-25 **TIME** 4:50 **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:

Name: Out-of-State

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

[REDACTED]

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"/>	Beltie	BROWN	Approximate AGE: 3 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 50 <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: 8-19-25 Scan: 8-26-25 None Det

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] **DATE: (MM/DD/YY)** 8-19-25

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, I will contact the shelter to discuss adoption procedures.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL RTO **HOLDING PERIOD EXPIRES ON (Date):** See below

DATE: (MM/DD/YY) 8-20-25 **FINAL MICROCHIP SCAN PERFORMED BY (Initials):** [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
8-20-25						

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41594

CUSTODY DATE
MM/DD/YY

8/19/25

TIME

6:00

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:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

very friendly

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline	DLH	gray/wh	Approximate AGE: 6	<input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 5	<input checked="" 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	NONE	Scan: NONE 8-19-25 Scan: 8-20-25

CUSTODY RECORD PREPARED BY

Signature: [Redacted] DATE: (MM/DD/YY) 8/19/25

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) 9-10-25 FINAL MICROCHIP SCAN PERFORMED BY (In: [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
	9-10-25					

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41595	CUSTODY DATE MM/DD/YY	8/20/25	TIME	8:15	(AM) PM
-----------	-------	--------------------------	---------	------	------	------------

REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAHS	
<input type="checkbox"/> Transfer from Another Releasing Agency	<input checked="" type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	- found on their street - mama & 2 babies

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk	
<input checked="" type="checkbox"/> Feline	DSH	grey / brown / whit	Approximate AGE: 1 yr	<input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 8	<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: 8/20/25 Scan 9-23-25 none detected

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8/20/25

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, I will contact the shelter within 30 days of the date of this statement.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL	Euth	HOLDING PERIOD EXPIRES ON (Date):	8-27-25
DATE: (MM/DD/YY)	9-2-25	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
		9-2-25				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41596

CUSTODY DATE
MM/DD/YY

8/20/25

TIME

8:15

AM
PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:
Name: Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

- found on their street
- mama & 2 babies

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	Calico	Approximate AGE: 1 wk	<input type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 0	<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: 8/20/25 Scan: 8-25-25 none detected

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8/20/25

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

Euth

HOLDING PERIOD EXPIRES (Date):

8-29-25

DATE: (MM/DD/YY)

9-2-25

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
		9-2-25				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41597	CUSTODY DATE MM/DD/YY	8/20/25	TIME	8:15	(AM) PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAHS		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input checked="" type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
Name:		<input type="checkbox"/> Out-of-State				

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	- found on their street - mama & 2 babies

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk	
<input checked="" type="checkbox"/> Feline	DSH	grey / brown / whit	Approximate AGE: 1 wk		<input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 0		<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: 8/20/25 Scan: 8:25:25 none detected

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8/20/25

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 the adoption procedures.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL	Euth	HOLDING PERIOD EXPIRES ON (date):	8-27-25
DATE: (MM/DD/YY)	9-2-25	FINAL MICROCHIP SCAN PERFORMED BY (Initials)	[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
		9-2-25				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41598

CUSTODY DATE
MM/DD/YY

8-20-25

TIME

12:51

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:
Name: Out-of-State

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline
 Canine

Poodle X

~~TAN BLACK~~
White

Approximate AGE: 6 yrs YR MO

Approximate WEIGHT: 15 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

Pink
Lease

Scan: 8-20-25
Scan: 9-2-25
None

CUSTODY RECORD PREPARED BY

Signature

DATE: (MMDDYY)

8-20-25

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): 9-1-25

DATE: (MMDDYY)

9-15-25

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

9-15-25

Did you contact another shelter?

NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41599

CUSTODY DATE
MM/DD/YY

8-20-25

TIME

2:28

AM
PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:

Name:

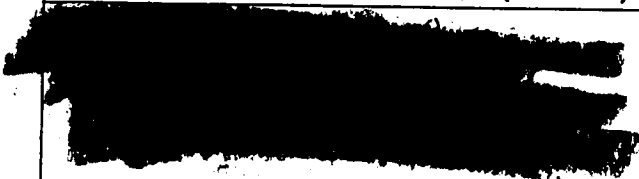
Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

ShepX

BLACK +
BROWN

Approximate AGE: 6 YR MO

Canine

Approximate WEIGHT: 50 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: 8-20-25
Scan 8-20-25
None Det

CUSTODY RECORD PREPARED BY

DATE: (MM/DD/YY)

8-20-25

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 the procedures.

SIGNATURE:

DISPOSITION OF ANIMAL

Euth

HOLDING PERIOD EXPIRES ON (Date):

8-21-25

DATE: (MM/DD/YY)

8-22-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)

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

822-25

Did you contact another shelter? *yes*

Why did they decline to accept? *Martinsville + Hon. Co.*

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41601

CUSTODY DATE
MM/DD/YY

8-21-25

TIME

11:35

AM
PM

REASON FOR CUSTODY (mark appropriate box)

- Stray / At Large Owner Surrender Seized Bite Case Quarantine
- Transfer from Another Releasing Agency Virginia Other:
- Name: Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN

DAHS

OWNER'S NAME & ADDRESS (if known)

unknown

ADDITIONAL INFORMATION

Screen

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"/>	Great Pyrenees	white	Approximate AGE: 1 1/2	<input type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 40	<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: 8-21-25 Scan: 8-23-25 NOTE Det

CUSTODY RECORD PREPARED BY

DATE: (MM/DD/YY)

8-21-25

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

Euth

HOLDING PERIOD EXPIRES ON (Date): 9-2-25

DATE: (MM/DD/YY)

9-9-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)

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
		9-9-25				

Did you contact another shelter? NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41602

CUSTODY DATE
MM/DD/YY

8-21-25

TIME

1247

AM
PM

REASON FOR CUSTODY (mark appropriate box)

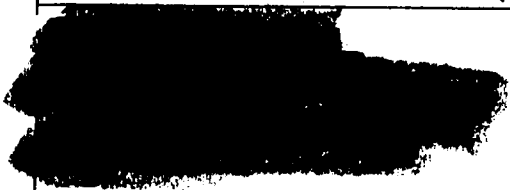
- Stray / At Large Owner Surrender Seized Bite Case Quarantine
- Transfer from Another Releasing Agency Virginia Other:
- Name: Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN

DASH

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



She just can't handle NO longer
BABY Girl Zone.

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: <input checked="" type="radio"/> N <input type="radio"/> Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Great Dane	White/Brown	Approximate AGE: 6 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	
			Approximate WEIGHT: <input 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: 8-21-25 Scan: 42525

CUSTODY RECORD PREPARED BY

Signature:



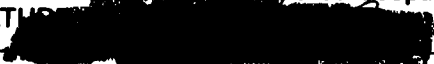
DATE: (MM/DD/YY)

8-21-25

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

Euth

HOLDING PERIOD EXPIRES ON (Date): 8-22-25

DATE: (MM/DD/YY)

8-21-25

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
		82825				

Did you contact another shelter? *NO*

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41604

CUSTODY DATE
MM/DD/YY

8-21-25

TIME

2:30

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:

Name: Out-of-State



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



To owner to keep
Rug worn

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	White 914	Approximate AGE: 6 WKS <input type="checkbox"/> YR <input type="checkbox"/> MO	Approximate WEIGHT: 3 <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: 8-21-25 Scan: 8-22-25 None Det

CUSTODY RECORD PREPARED BY:

DATE: (MM/DD/YY)

8-21-25

STATEMENT OF 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...

SIGNATURE

DISPOSITION OF ANIMAL

HOLDING PERIOD EXPIRES ON: 8-27-25

DATE: (MM/DD/YY) 8-28-25 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
		82825				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41605

CUSTODY DATE
MM/DD/YY

8-21-25

TIME

2:30

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:

Name: Out-of-State



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



To many to keep



ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

Pit

TAN white

Approximate AGE: 6 weeks YR MO

Approximate WEIGHT: 3 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: 8-21-25
Scan: 8-28-25
None Det

CUSTODY RECORD PREPARED BY

Signature

DATE: (MMDDYY)



8-21-25

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, I will follow the appropriate procedures.

SIGNATURE



DISPOSITION OF ANIMAL

HOLDING PERIOD EXPIRES ON 8-25

DATE: (MMDDYY)

8-28-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)



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

8-28-25

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41606 **CUSTODY DATE** MM/DD/YY 8-21-25 **TIME** 2:30 **AM** **PM** (circled)

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:

Name: Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN

[REDACTED]

OWNER'S NAME & ADDRESS (if known)

[REDACTED]

ADDITIONAL INFORMATION

To many to keep
 Ringworm

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	Tan white		
			Approximate AGE: 6 wks <input type="checkbox"/> YR <input type="checkbox"/> MO	
			Approximate WEIGHT: 3 <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: 8-21-25 Scan: 8-22-25 None Det

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] **DATE: (MM/DD/YY)** 8-21-25

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 the adoption procedures.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL

DATE: (MM/DD/YY) 8-28-25 **HOLDING PERIOD** 8-22-25 **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
		82825				

Did you contact another shelter? NO **Why did they decline to accept?**

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41607

CUSTODY DATE
MM/DD/YY

8-21-25

TIME

AM

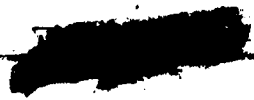
PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

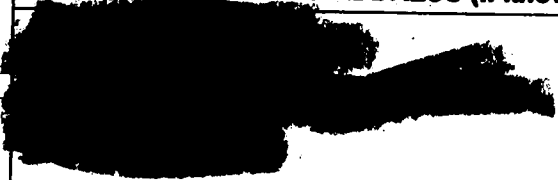
Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:
Name: Out-of-State



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



To many to keep

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Pit	IAN	Approximate AGE: 6 wks <input type="checkbox"/> YR <input type="checkbox"/> MO	Approximate WEIGHT: 3 <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: 8-21-25 Scan: 8-22-25 None Det

CUSTODY RECORD PREPARED BY

Signature: DATE: (MM/DD/YY)
8-21-25

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 to be adopted, I will follow adoption procedures.

SIGNATURE:

DISPOSITION OF ANIMAL

HOLDING PERIOD EXPIRES ON (Date): 8-22-25

DATE: (MM/DD/YY) 8-28-25 FINAL MICROCHIP SCAN PERFORMED BY (Initials):

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
		8-28-25				

Did you contact another shelter?

Why did they decline to accept?

11
16

City of Danville Animal Control Officer / Public Animal Shelter	ANIMAL CUSTODY RECORD
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ANIMAL ID	41608	CUSTODY DATE MM/DD/YY	8-20-25	TIME	4:30 AM <input checked="" type="radio"/> PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAHS	
<input type="checkbox"/> Transfer from Another Releasing Agency Name: _____		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other: _____		

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

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Hound Shepherd	White Brown	Approximate AGE: 4 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO Approximate WEIGHT: 15 <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: 8-20-25 Scan: 8-22-25 None Det

CUSTODY RECORD PREPARED BY		DATE: (MM/DD/YY)
[Redacted Signature]		8-20-25

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 <i>Transfer</i>	HOLDING PERIOD EXPIRES ON (Date): 8-27-25
--	---

DATE: (MM/DD/YY) 9-11-25	FINAL MICROCHIP SCAN PERFORMED BY [Redacted]
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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
				Hammorsley 9-12-25		

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41608

CUSTODY DATE
MM/DD/YY

8-21-25

TIME

2:30

AM
PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

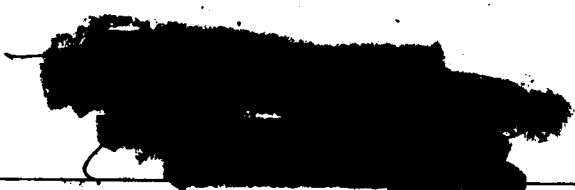
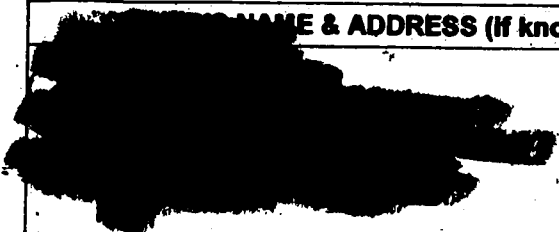
Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:
Name: Out-of-State



OWNER NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline
 Canine

Pit

Tan
914

Approximate AGE: 6 wks YR MO

Approximate WEIGHT: 3 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: 8-21-25
Scan: 8-22-25
None Det

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

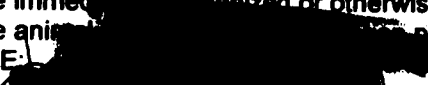


8-21-25

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, I will follow the proper procedures.

SIGNATURE:



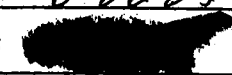
DISPOSITION OF ANIMAL

HOLDING PERIOD EXPIRES (date): 8-22-25

DATE: (MM/DD/YY)

8-28-25

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

8-28-25

Did you contact another shelter? NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41609

CUSTODY DATE
MM/DD/YY

8-21-25

TIME

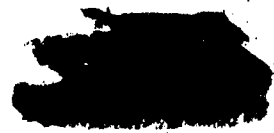
2:30

AM
PM

REASON FOR CUSTODY (mark appropriate box)

- Stray / At Large Owner Surrender Seized Bite Case Quarantine
- Transfer from Another Releasing Agency Virginia Other:
- Name: Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



To Many to Keep



ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Pit	TRI	Approximate AGE: 6 wks <input type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 3 <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: 8-21-25 Scan: 8-22-25 None Det

CUSTODY RECORD PREPARED BY

Signature: DATE: (MM/DD/YY) 8-21-25

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 to be returned to me, I will follow the procedures.

SIGNATURE:

DISPOSITION OF ANIMAL

HOLDING DATE: 8-22-25

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
		8-28-26				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41610 **CUSTODY DATE** MM/DD/YY 8-22-25 **TIME** 9:15 **AM** **PM**

REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN
<input checked="" type="checkbox"/> Stray / At Large	<input 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: _____	

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	Found Running in Street

ANIMAL DESCRIPTION				
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Sheltzu X	Blac	Approximate AGE: 8 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	
			Approximate WEIGHT: 15 <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	flr Tag - green	Scan: 8-22-25 Scan: 8-23-25 None

CUSTODY RECORD PREPARED BY

Signature: DATE: (MM/DD/YY) 8-22-25

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 LTD **HOLDING PERIOD EXPIRES ON (Date):** 9-3-25

DATE: (MM/DD/YY) 8-26-25 **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
8-26-25						

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

City of Danville Animal Control Officer / Public Animal Shelter			ANIMAL CUSTODY RECORD			
ANIMAL ID	41611	CUSTODY DATE MM/DD/YY	8/22/25	TIME	8:44	(AM) PM
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
<input checked="" type="checkbox"/> Stray / At Large		<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input checked="" type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
Name:		<input type="checkbox"/> Out-of-State	DAHS			
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
			- found at city farm			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Unk
<input type="checkbox"/> Feline	pit x	brindle / whit	Approximate AGE: 4		<input checked="" type="checkbox"/> YR	<input type="checkbox"/> MO
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 65		<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: 8-02-25	Scan: 8-25-25	none
CUSTODY RECORD PREPARED BY						
Signature:			DATE: (MM/DD/YY)			
Julian [Signature]			8/22/25			
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 [redacted]						
SIGNATURE [redacted]						
DISPOSITION OF ANIMAL			HOLDING PERIOD EXPIRES ON (date):			
Euth			8-29-25			
DATE: (MM/DD/YY)		FINAL MICROCHIP SCAN PERFORMED BY (Initials)				
9-3-25		[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
		9-3-25				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41621

CUSTODY DATE
MM/DD/YY

8-22-25

TIME

12:05

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:

Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

DSH

Gray Tabby

Approximate AGE: 1 1/2 YR MO

Canine

Approximate WEIGHT: 5 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: 8-22-25
Scan: 8-23-25
None

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-22-25

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 to be euthanized, I understand the procedures.

SIGNATURE

DISPOSITION OF ANIMAL

Transfer

HOLDING PERIOD EXPIRES ON (Date):

8-23-25

DATE: (MM/DD/YY)

8-27-25

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

Virginia Beach
TRANSFERRED
8/27/25
SPL

Did you contact another shelter?

NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41622	CUSTODY DATE MM/DD/YY	8-22-25	TIME	12:05	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<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		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

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

ANIMAL DESCRIPTION				
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	B/K	Approximate AGE: 1 1/2	<input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 5	<input 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: Scan: 8-22-25 8-23-25 NONE

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY) 8-22-25

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 to be returned to me, I will follow the procedures.

SIGNATURE:

DISPOSITION OF ANIMAL Transferred to Another Virginia Releasing Agency (name of agency)

DATE: (MM/DD/YY)	8-27-25	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
				Virginia Beach Transferred 8-25-25 Spice		

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41623 **CUSTODY DATE** MM/DD/YY 8-22-25 **TIME** 1:30 **AM** / **PM**

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large
 Owner Surrender
 Seized
 Bite Case Quarantine

Transfer from Another Releasing Agency
 Virginia
 Other:

Name: Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN

[REDACTED]

OWNER'S NAME & ADDRESS (if known)

[REDACTED]

ADDITIONAL INFORMATION

[REDACTED]

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered <input checked="" type="checkbox"/> N Unk
<input type="checkbox"/> Feline	P.H	Blk/white	Approximate AGE: 8 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 55 <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 [REDACTED] Scan 8-25-25 8-22-25

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] DATE: (MM/DD/YY) 8-22-25

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 returned to me, I will be responsible for all costs.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL euth **HOLDING PERIOD EXPIRES ON (DATE):** 0-25-25

DATE: (MM/DD/YY) 8-28-25 **FINAL MICROCHIP SCAN PERFORMED BY:** [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
		8-28-25				


Did you contact another shelter? NO **Why did they decline to accept?**

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41624	CUSTODY DATE MM/DD/YY 8-22-25	TIME 2:50	AM <input checked="" type="checkbox"/> AM PM <input type="checkbox"/>
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN			
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAHS			
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia				<input type="checkbox"/> Other:	
Name: _____		<input type="checkbox"/> Out-of-State					

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

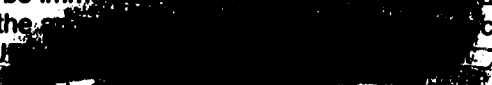
ANIMAL DESCRIPTION				
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Pit bull	Black & white	Approximate AGE: 8 Months <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO	
			Approximate WEIGHT: 36 <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)
NO	NO	NO	NO	Scan: NO Scan: NO 8-22-25 8-23-25

CUSTODY RECORD PREPARED BY	
Signature: 	DATE: (MM/DD/YY) 8/22/25

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, I must follow the procedures.

Signature: 

DISPOSITION OF ANIMAL Euth	HOLDING FEE _____	EXPIRES ON (Date): 8-22-25
DATE: (MM/DD/YY) 8-28-25	FINAL MICROCHIP SCAN PERFORMED BY (Initials) 	

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
		8-28-25				

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41625	CUSTODY DATE MM/DD/YY	8-22-25	TIME	2:15	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<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	<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
Name:		<input type="checkbox"/> Out-of-State			

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

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk	
<input checked="" type="checkbox"/> Feline	DSH	Blk / white	Approximate AGE: 5 wks <input type="checkbox"/> YR <input type="checkbox"/> MO		
<input type="checkbox"/> Canine			Approximate WEIGHT: 1 <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: 8-22-25 Scan: none

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MMDDYY) 8-22-25

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 to be adopted, I will follow adoption procedures.	
SIGNATURE:	

DISPOSITION OF ANIMAL Euth	HOLDING PERIOD EXPIRES ON (Date): 9-23-25
DATE: (MMDDYY) 8-22-25	FINAL MICROCHIP SCAN PERFORMED BY (Initials):

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
		8-22-25				

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41626 CUSTODY DATE: 8-22-25 TIME: 2:15 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:
- Name: Out-of-State



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



Unwound + sick
all most Dead

ANIMAL DESCRIPTION

SPECIES: Feline BREED: DMH COLOR / MARKINGS: Bk / white SEX: Male Female Altered: Y N Unk

Approximate AGE: 5 wk YR MO

Approximate WEIGHT: 1 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: 8-22-25 Scan None Det

CUSTODY RECORD PREPARED BY

Signature: DATE: (MMDDYY) 8-22-25

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 to be adopted, I will follow the adoption procedures.

SIGNATURE:

DISPOSITION OF ANIMAL

DATE: (MMDDYY) 8-22-25 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
		8-22-25				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41627	CUSTODY DATE MM/DD/YY 8-22-25	TIME 2:18	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

OWNER NAME & ADDRESS (if known) [REDACTED]	ADDITIONAL INFORMATION Um we need sick
--	--

PHYSICAL DESCRIPTION			
SPECIES <input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	BREED DMH	COLOR / MARKINGS Bk/white	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk Approximate AGE: 5 wks <input type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 1 <input 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: 8-22-25 Scan: none

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-22-25

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: [REDACTED]

DISPOSITION OF ANIMAL	Euth	HOLD	8.25
DATE: (MM/DD/YY)	8-22-25	FINAL MICROCHIP SCAN PERFORMED BY	[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
		8-22-25				

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41628

CUSTODY DATE
MM/DD/YY

8-22-25

TIME

2:15

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:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline
 Canine

DMH

Gray/White

Approximate AGE: 5w YR MO

Approximate WEIGHT: 1 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: 8-22-25
Scan

NONE

CUSTODY RECORD PREPARED BY

Signature

DATE: (MMDDYY)

8-22-25

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, I will follow the adoption procedures.

SIGNATURE

DISPOSITION OF ANIMAL Euth

HOLDING PERIOD EXPIRES ON (Date): 8-23-25

DATE: (MMDDYY)

8-22-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)

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

8-22-25

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

411629

CUSTODY DATE
MM/DD/YY

8-22-25

TIME

2:18

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:
Name: Out-of-State



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



unwell + sick

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

- Feline
 Canine

DMH

Grey/white

Approximate AGE: 5 wk YR MO

Approximate WEIGHT: 1 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: 8-22-25
Scan

NONE

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

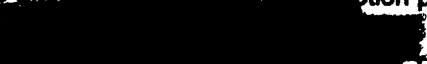


8-22-25

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 euthanized or otherwise disposed in accordance with Virginia Code, Title 3.2, Ch. 65. If I want the animal back, I will follow the adoption procedures.

SIGNATURE



DISPOSITION OF ANIMAL

EUM

HOLDING PERIOD EXTENSION DATE: 8-23-25

DATE: (MM/DD/YY)

8-22-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)



Returned to Owner

Adopted

Euthanized

Died in Custody

Transferred to Another Virginia Releasing Agency (name of agency)

Transferred to Other Releasing Agency (name of agency)

Other

8-22-25

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41631

CUSTODY DATE
MM/DD/YY

8-22-25

TIME

2:45

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:

Name:

Out-of-State

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

stitch

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	Orange Brown White	Approximate AGE: 8	<input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 3	<input 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: 8-23-25 Scan: 8-23-25 none

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-22-25

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 to be returned to me, I will follow the procedures.

SIGNATURE

DISPOSITION OF ANIMAL

DATE: (MM/DD/YY)

8-23-25

DATE: (MM/DD/YY)

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

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41633

CUSTODY DATE
MM/DD/YY

8-22-25

TIME

4:20

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:
- Name: Out-of-State

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



ANIMAL DESCRIPTION

Band

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

Doodle

Black

Approximate AGE: 8 YR MO

Approximate WEIGHT: 35 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)
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None

None

None

None



CUSTODY RECORD PREPARED BY

Signature:

DATE: (MMDDYY)



8-22-25

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 to be adopted, I will follow the adoption procedures.

SIGNATURE



DISPOSITION OF ANIMAL

HOLDING PERIOD EXPIRES (Date): 8-23-25

DATE: (MMDDYY)

8-5-25

FINAL MICROCHIP SCAN PERFORMED

Returned to Owner	Adopted	Euthanized	Died in Custody	Transferred to Another Virginia Releasing Agency (name of agency)	Transferred to State Releasing Agency (name of agency)	Other
	8-5-25					

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41634

CUSTODY DATE
MM/DD/YY

8-23-25

TIME

7:45

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:

Name: Out-of-State

DATHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

SKINNY
Full of Fleas
Mats on Hair

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline
 Canine

Poodle
X

White
Tan

Approximate AGE: 4 YR MO

Approximate WEIGHT: 10 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: 8-23-25
Scan: 9-26-25
none del

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-23-25

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): 8-30-25

DATE: (MM/DD/YY)

9-2-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)

[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

9-2-25

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 411635
~~80825~~

CUSTODY DATE 8-23-25 **TIME** 2:45 **AM** **PM**

REASON FOR CUSTODY (mark appropriate box)

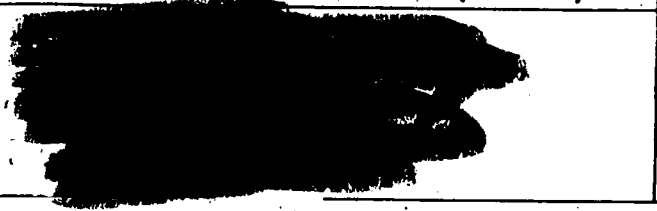
Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:
 Name: _____ Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN

DASH

OWNER'S NAME & ADDRESS (if known)



ADDITIONAL INFORMATION

Bella

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 <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	<u>german shup</u>	<u>Blk.</u>	Approximate AGE: <u>1</u> YR <input type="checkbox"/> MO
			Approximate WEIGHT: <u>60</u> LB
			OTHER:

ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO)

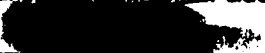
License Tag (Number - Details)	Rabies Tag (Number - Details)	Tattoo (Describe)	Collar (Describe - Color, Type, etc.)	Microchip or Other Identification (Describe - Details)
<u>none</u>	<u>none</u>	<u>none</u>	<u>none</u>	Scan: <u>8-23-25</u> Scan: <u>8-24-25</u> <u>none</u>

CUSTODY RECORD PREPARED BY


Signature:  **DATE: (MMDDYY)** 8-23-25

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 Transferred **HOLDING PERIOD EXPIRES ON (Date):** 8-24-25

DATE: (MMDDYY) 8-27-25 **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
				<u>Virginia Beach SPCA</u>		

Did you contact another shelter? (N) 8-27-25 **Why did they decline to accept?**

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41636

CUSTODY DATE
MM/DD/YY

8-23-25

TIME

2:45

AM

PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

Stray / At Large Owner Surrender Seized Bite Case Quarantine

DASH

Transfer from Another Releasing Agency Virginia Other:

Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Parson Russell
Terrier
Pitt

Brown
whit

Approximate AGE: 10 YR MO

Approximate WEIGHT: 55 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: 8-23-25
Scan: 8-25-25
none

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-23-25

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 *Transfer* HOLDING PERIOD EXPIRES ON (Date): 8-24-25

DATE: (MM/DD/YY)

8-27-25

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

Virginia Beach
Spca

Did you contact another shelter? NO

8-27-25 Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41638	CUSTODY DATE MM/DD/YY	8/25/25	TIME	10:05 AM PM
-----------	-------	--------------------------	---------	------	----------------

REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAH'S	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	[REDACTED]

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	Black + white	Approximate AGE: 4 months <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
			Approximate WEIGHT: 8 <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)
NO	NO	NO	NO	Scan: 8-25-25 Scan: NO 8-30-25 None

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-25-25

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:

DISPOSITION OF ANIMAL Euth **HOLDING PERIOD EXPIRES ON (Date):** 8-26-25

DATE: (MM/DD/YY) 8-2-25 **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
		8-2-25				

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

~~19100~~ 41640

CUSTODY DATE
MM/DD/YY

8/24/25

TIME

11:38

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:

Name:

Out-of-State



ADDRESS (if known)

ADDITIONAL INFORMATION



- can't keep for safety reasons

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: <input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	great pyre	whit	Approximate AGE: 2	<input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 80	<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	green	Scan: 8/24/25 Scan: 8.27.25 none detected

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)



8/24/25

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, I will follow the return procedures.

SIGNATURE



DISPOSITION OF ANIMAL

Euth

HOLDING PERIOD EXPIRES ON (Date):

8-25-25

DATE: (MM/DD/YY)

8-28-25

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
		8-28-25				

Did you contact another shelter? NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41641 CUSTODY DATE: 8/24/25 TIME: 10:16 (AM) PM

REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAHS	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input checked="" type="checkbox"/> Virginia			
Name: _____				<input type="checkbox"/> Out-of-State	

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	couldn't keep, not enough room
[REDACTED]	[REDACTED]

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"/>	boxer/ collie x	black/wht	Approximate AGE: <u>3</u> <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO	Approximate WEIGHT: <input 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: <u>8/24/25</u> Scan: <u>8-35-25</u> none detected

CUSTODY RECORD PREPARED BY

Signature: _____ DATE: (MM/DD/YY) 8/24/25

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): 8-25-25

DATE: (MM/DD/YY) 9-16-25 TOOK TO A MC 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
	9-8-25					

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 21642 **CUSTODY DATE** 8/24/25 **TIME** 9:57 **AM** **PM** (PM)

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:
 Name: Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN
 DAHS

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

[REDACTED] - brought by police
 [REDACTED]

ANIMAL DESCRIPTION

SPECIES Feline Canine
BREED pit x
COLOR / MARKINGS wht / brown
SEX: Male Female **Altered:** Y N Unk
Approximate AGE: YR MO
Approximate WEIGHT: LB
OTHER:

ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO)

License Tag (Number - Details) none **Rabies Tag (Number - Details)** none **Tattoo (Describe)** none **Collar (Describe - Color, Type, etc.)** none **Microchip or Other Identification (Describe - Details)** Scan: 824.25
 Scan: 8-20-25
 none deck

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] **DATE: (MM/DD/YY)** 8/24/25

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 Euth **HOLDING PERIOD / EXPIRES ON (Date):** 8-31-25

DATE: (MM/DD/YY) 9-3-25 **FINAL MICROCHIP SCAN PERFORMED BY:** [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
		9-3-25				

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41643 **CUSTODY DATE** 8/24/25 **TIME** 9:57 **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:

Name: Out-of-State

DAHS

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

[REDACTED] - brought by police

[REDACTED]

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N Unk
<input type="checkbox"/> Feline	pit x	wht/blk red	Approximate AGE: <input type="checkbox"/> YR <input type="checkbox"/> MO
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: <input 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: 8.24.25 Scan: 8.30.25 not detected

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] **DATE:** (MMDDYY) 8/24/25

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 Euth **HOLDING PERIOD EXPIRES ON (Date):** 8-31-25

DATE: (MMDDYY) 8-3-25 **FINAL MICROCHIP SCAN PERFORMED BY (Initials):** [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
		8-3-25				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41644

CUSTODY DATE
MM/DD/YY

8/25/25

TIME

12:30

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:
Name: Out-of-State

DHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	Grey Tabby	Approximate AGE: 5	<input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
			Approximate WEIGHT: 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: 8-25-25 Scan No: 8-27-25

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-25-25

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:

DISPOSITION OF ANIMAL

Transferred Euthanized Died in Custody Returned to Owner Adopted Other
HOLDING PERIOD EXPIRES ON (Date): 9-2-25

DATE: (MM/DD/YY)

9-4-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)

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
				Humane Treat, 9-5-25		

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41645

CUSTODY DATE
MM/DD/YY

8/26/25

TIME

12:38

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:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

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 bull	Brindle	Approximate AGE: 7	<input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
			Approximate WEIGHT: 25	<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: 8-26-25 Scan: None 8-29-25

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8/25/25

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:

DISPOSITION OF ANIMAL

Euth

HOLDING PERIOD EXPIRES ON (Date):

8-27-25

DATE: (MM/DD/YY)

9-11-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)

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
		9-11-25				

Did you contact another shelter?


Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41647	CUSTODY DATE MM/DD/YY	8/25/23	TIME	1:00	AM <input checked="" type="radio"/> PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

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

ANIMAL DESCRIPTION				
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DMH	DMH orange	Approximate AGE: 2 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 1 <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)
No	No	No	No	Scan: NOAC 8-25-23 Scan: NOAC 8-27-23

CUSTODY RECORD PREPARED BY	
Signature: 	DATE: (MM/DD/YY) 8-25-23

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 Euth	HOLDING PERIOD EXPIRES ON (Date): 9-1-25
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DATE: (MM/DD/YY) 9-8-25	FINAL MICROCHIP SCAN PERFORMED BY (Initials) 
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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
		9-8-25				

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41648

CUSTODY DATE
MM/DD/YY

9/25/25

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:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES <input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	BREED Manx	COLOR / MARKINGS Blue	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N Unk
			Approximate AGE: 2 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 15 <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: 8-26-25 Scan: NONE 8-27-25

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MMDDYY)

9-25-25

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:

DISPOSITION OF ANIMAL Euth

HOLDING PERIOD EXPIRES ON (Date): 9-2-25

DATE: (MMDDYY)

9-5-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)

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
				Home and Train 9-5-25		

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41650

CUSTODY DATE
MM/DD/YY

8/25/25

TIME

12:30

AM
PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Danville VA 24541

Transfer from Another Releasing Agency Virginia Other:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

TRAP

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 checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	gry tab	Approximate AGE: 4 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO	Approximate WEIGHT: 4 <input checked="" type="checkbox"/> LB 5
OTHER: NONE				

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: 42525 Scan: 42525

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8/25/25

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

Euth

HOLDING PERIOD EXPIRES ON (Date): 9-2-25

DATE: (MM/DD/YY)

9-2-25

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
		9-2-25				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41651

CUSTODY DATE
MM/DD/YY

8/25/25

TIME

12:30

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 Impounded
Name: Out-of-State Other:

OWNER'S NAME & ADDRESS (if known)

PHONE INFORMATION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline
 Canine

Pitbull

gray/brn

Approximate AGE: 3 YR MO

Approximate WEIGHT: 60 LBS

OTHER:

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: 82521
Scan: NONE

Signature

DATE: (MM/DD/YY)

8/25/25

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:

DISTRIBUTION OF ANIMAL

DATE: (MM/DD/YY)

9-3-25

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

9-3-25

VINE

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41652	CUSTODY DATE MM/DD/YY	8/25/25	TIME	1:18	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<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	<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:
Name:	<input type="checkbox"/> Out-of-State	

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[Redacted]	[Redacted]

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	Diluted Tort	Approximate AGE: 7 weeks <input type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 1 <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: 8-25-25 Scan: None 8-26-25

CUSTODY RECORD PREPARED BY	
Signature: [Redacted]	DATE: (MMDDYY) 8/25/25

I am the rightful owner of this animal. I surrender all property rights in this animal and no person has a right of property in this animal. I understand that this animal may be impounded and otherwise disposed in accordance with Virginia Code, Title 3.2, Ch. 65. If I want the animal returned, I will follow the procedures.

SIGNATURE: [Redacted]

DISPOSITION OF ANIMAL	Transfer	HOLDING PERIOD EXPIRES ON (MMDDYY)	8/26/27
DATE: (MMDDYY)	8-27-25	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
				Virginia Beach TRANSFER 8-27-25 Spec		

Did you contact another shelter? NO Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41654

CUSTODY DATE
MM/DD/YY

8/25/25

TIME

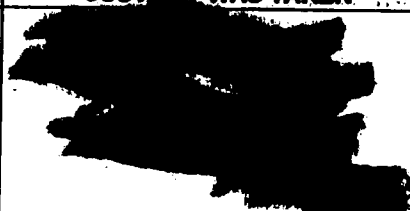
2:45 AM
PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

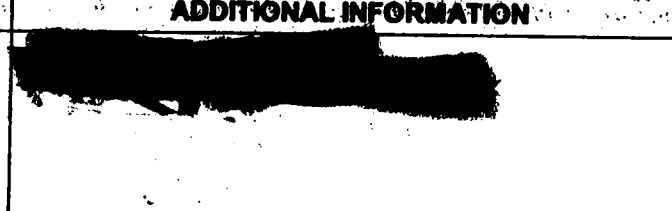
Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:
Name: Out-of-State impound



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y Unk

Feline
 Canine

Terrier
Mix

wht/
blk

Approximate AGE: 2 YR MO

Approximate WEIGHT: 38 LB

OTHER: NONE

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: NONE 8-26-25

CUSTODY RECORD PREPARED BY

Signature:



DATE: (MM/DD/YY)

8/25/25

RIGHTS 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:

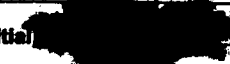
DISPOSITION OF ANIMAL RTO

HOLDING PERIOD EXPIRES ON (Date): See ACO

DATE: (MM/DD/YY)

8-27-25

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
8-27-25						

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41655	CUSTODY DATE MM/DD/YY	8/25/25	TIME	8:45 AM PM
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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 type="checkbox"/> Bite Case Quarantine	[REDACTED]	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input checked="" type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State	Impound		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	[REDACTED]

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk	
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Cane Corso	gray brindle	Approximate AGE: 1	<input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	
			Approximate WEIGHT: 70	lbs	
			OTHER:	NONE	

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	camo	Scan: 82525 Scan: 82525 NONE

PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8/25/25

OWNER 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):
RTO	see ACO
DATE: (MM/DD/YY)	FINAL MICROCHIP SCAN PERFORMED BY (Initial)
8-27-25	[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
8-27-25						


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

City of Danville
Animal Control Officer / Public Animal Shelter





ANIMAL CUSTODY RECORD

ANIMAL ID 41654	CUSTODY DATE MM/DD/YY 8/25/25	TIME 5:10	AM <input checked="" type="checkbox"/> PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input 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: _____		

OWNER'S NAME & ADDRESS (if known) 	ADDITIONAL INFORMATION caught in trap
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ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk	
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DMH	Grey	Approximate AGE: 8	<input type="checkbox"/> YR	<input checked="" type="checkbox"/> MO
			Approximate WEIGHT: 3	<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)
				Scan: 82525 Scan: 83405


CUSTODY RECORD PREPARED BY	
Signature: 	DATE: (MM/DD/YY) 8/25/25

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: 

DISPOSITION OF ANIMAL *Euth* **HOLDING PERIOD EXPIRES ON (Date):** 9-1-25

DATE: (MM/DD/YY) 9-2-25	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
		9-2-25				

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41657

CUSTODY DATE
MM/DD/YY

8-26-25

TIME

8:00

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:
Name: Out-of-State

DASH

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Unknown

ANIMAL DESCRIPTION

Brown Sugar

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Pit

Brindle

Approximate AGE: 2 YR MO

Canine

Approximate WEIGHT: 50 LBS

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: 8-26-25
Scan: 8-1-25

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-26-25

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): 9-7-25

DATE: (MM/DD/YY)

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

Did you contact another shelter?

Why did they decline to accept?

City of Danville Animal Control Officer / Public Animal Shelter		ANIMAL CUSTODY RECORD		
ANIMAL ID 41658	CUSTODY DATE MM/DD/YY 8/26/25	TIME 9:01	AM PM	

REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN
<input checked="" type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAHS
<input type="checkbox"/> Transfer from Another Releasing Agency		<input checked="" type="checkbox"/> Virginia	<input type="checkbox"/> Other:	
Name:		<input type="checkbox"/> Out-of-State		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	- can't keep anymore

ANIMAL DESCRIPTION				
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input checked="" type="radio"/> N <input type="radio"/> Unk
<input checked="" type="checkbox"/> Feline	DSH	grey / wht tabby	Approximate AGE: / <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 10 <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: 8/26/25 Scan 9-1-25 none detected

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8/26/25

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: [REDACTED]

DISPOSITION OF ANIMAL	Transf	HOLDING PERIOD ENDS ON (DATE): 9-27-25
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DATE: (MM/DD/YY)	9-4-25	FINAL MICROCHIP SCAN PERFORMED BY	[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
				Harmond Tails 9-4-25		

Did you contact another shelter? *no* Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41459 **CUSTODY DATE** MM/DD/YY 8/26/25 **TIME** 7:54 (AM) PM

REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN
<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 checked="" type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other: _____	

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

ANIMAL DESCRIPTION				
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input checked="" type="radio"/> (N) <input type="radio"/> Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	lab/pitx	choc brown / brindle	Approximate AGE: 9 mths <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 35 <input 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: 8/26/25 Scan # detected

CUSTODY RECORD PREPARED BY

Signature: DATE: (MM/DD/YY) 8/26/25

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 Euth **HOLDING PERIOD EXPIRES ON (Date):** ~~8-27-25~~ 8-27-25

DATE: (MM/DD/YY) 8-28-25 **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
		Y2805				

Did you contact another shelter? NO **Why did they decline to accept?**

City of Danville Animal Control Officer / Public Animal Shelter			ANIMAL CUSTODY RECORD			
ANIMAL ID	41660	CUSTODY DATE MM/DD/YY	8-26-25	TIME	AM PM	
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAHS		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
Name:		<input type="checkbox"/> Out-of-State				
OWNER'S NAME & ADDRESS (if known)			ADDITIONAL INFORMATION			
[REDACTED]			upper Respiratory very sick			
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk		
<input checked="" type="checkbox"/> Feline	Dsth	gray white	Approximate AGE: 6wks <input type="checkbox"/> YR <input type="checkbox"/> MO			
<input type="checkbox"/> Canine			Approximate WEIGHT: 1 1/2 <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: 8-26-25 Scan: 8-27-25 None Det		
CUSTODY RECORD PREPARED BY						
Signature: [REDACTED]			DATE: (MM/DD/YY) 8/26/25			
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 restoration procedures.						
SIGNATURE: [REDACTED]						
DISPOSITION OF ANIMAL			HOLDING PERIOD EXPIRES ON (Date): 9-2-25			
DATE: (MM/DD/YY)		FINAL MICROCHIP SCAN PERFORMED BY (Initial)				
8-28-25		[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)	
		8-28-25 Sick				

Did you contact another shelter? *no*

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41461	CUSTODY DATE MM/DD/YY	8-26-25	TIME	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]	
<input type="checkbox"/> Transfer from Another Releasing Agency Name:		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	Very Sick upper Respiratory

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk	
<input checked="" type="checkbox"/> Feline	DSH	gr/white	Approximate AGE: 6 wks <input type="checkbox"/> YR <input type="checkbox"/> MO		
<input type="checkbox"/> Canine			Approximate WEIGHT: 1 1/2 lbs <input checked="" type="checkbox"/> TB		
<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: 8-26-25 None Det

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MMDDYY) 8-26-25

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 kept, I will follow the adoption procedures.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL	HOLDING PERIOD EXPIRES ON (Date): 9-2-25
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DATE: (MMDDYY) 8-28-25	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
		8-28-25 SICK				

Did you contact another shelter? **NO** Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41662	CUSTODY DATE MM/DD/YY	8-26-25	TIME	<input type="radio"/> AM <input checked="" type="radio"/> PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAHS	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	Very sick

ANIMAL DESCRIPTION				
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	Calico	Approximate AGE: 6wk <input type="checkbox"/> YR <input type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 1/2 <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: 8-26-25 Scan: None None DSH

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-26-25

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, I will follow the adoption procedures.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL	HOLDING PERIOD EXPIRES ON (Date): 9-2-25
DATE: (MM/DD/YY) 8-28-25	FINAL MICROCHIP SCAN PERFORMED BY (Initials): [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
		8-28-25 V. Sick				

Did you contact another shelter? NO Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

L11664

CUSTODY DATE
MM/DD/YY

8/26/25

TIME

11:50

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:
Name: Out-of-State

DANVILLE VA 24541

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

INTVAD

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y Unk

Feline

Canine

DSH

BIK

Approximate AGE: 6 YR MO

Approximate WEIGHT: 3 LB

OTHER: NONE

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: 82625
Scan: 82625

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8/26/25

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

Euth

HOLDING PERIOD EXPIRES ON (Date): 9-2-25

DATE: (MM/DD/YY)

9-2-25

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

9-2-25

Did you contact another shelter? No

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41665

CUSTODY DATE
MM/DD/YY

8/26/25

TIME

1:00

AM

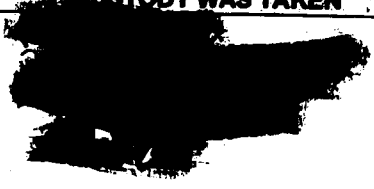
PM

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: Safe Keeping
Name: _____ Out-of-State



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



in hospital

MAJOR

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y <input checked="" type="radio"/> N <input type="radio"/> Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	german shepherd	tan/black	Approximate AGE: 3 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 75 <input checked="" type="checkbox"/> LB 5 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	Pink Flea collar	Scan: 8-26-25 Scan: NONE

CUSTODY RECORD PREPARED BY

Signature: _____

DATE: (MMDDYY)

8/26/25

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 ADO

HOLDING PERIOD EXPIRES ON (Date): _____

DATE: (MMDDYY)

8-26-25

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
8-26-25						

Did you contact another shelter?

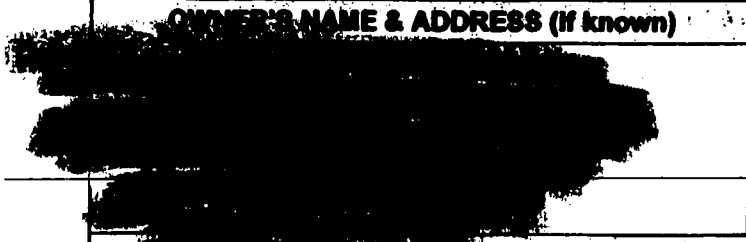
Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 4110666	CUSTODY DATE MM/DD/YY 8-26-25	TIME 1:45	AM PM <input checked="" type="radio"/>
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<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					





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

ANIMAL DESCRIPTION			
SPECIES <input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	BREED DSH	COLOR / MARKINGS Gry tabby	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N Unk Approximate AGE: 8W <input type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 1 <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: 8-26-25 Scan: 8-27-25 not det.

CUSTODY RECORD PREPARED BY		DATE: (MM/DD/YY)
		8-26-25

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, I will follow the adoption procedures.	
SIGNATURE: 	

DISPOSITION OF ANIMAL	HOLDING PERIOD EXPIRES ON (Date): 8-27-25
DATE: (MM/DD/YY) 8-28-25	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
		8-28-25 Sick				

Did you contact another shelter? NO Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41667 **CUSTODY DATE** 8-26-25 **TIME** 1:45 **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:
 Name: Out-of-State

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

ANIMAL DESCRIPTION

SPECIES Feline Canine
BREED DSH **COLOR / MARKINGS** B/W wht
SEX: Male Female **Altered:** Y N Unk
Approximate AGE: 7w YR MO
Approximate WEIGHT: 1 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: 8-26-25 Scan: 8-27-25 not det.

CUSTODY RECORD PREPARED BY **DATE: (MMDDYY)**

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):** 8-27-25

DATE: (MMDDYY) 8-28-25 **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
		8-28-25 Sick				

Did you contact another shelter? NO **Why did they decline to accept?**

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41668	CUSTODY DATE MM/DD/YY 8-26-25	TIME 1:45	AM <input checked="" type="checkbox"/> PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<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			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	very sick D.O.A.

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	B/M / WH	Approximate AGE: TW <input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 1 X 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: 8-26-25 Scan: 8-27-25 but det

CUSTODY RECORD PREPARED BY	DATE: (MM/DD/YY)
[REDACTED]	8-26-25

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 the proper procedures.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL	HOLDING PERIOD EXPIRES ON (Date): 8-27-25
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DATE: (MM/DD/YY)	8-28-25	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
			8-28-25 SICK			

Did you contact another shelter? **NO** Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41669	CUSTODY DATE MM/DD/YY	8-26-25	TIME	2:45	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAHS	
<input type="checkbox"/> Transfer from Another Releasing Agency Name:		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	[REDACTED]

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	gray tabby	Approximate AGE: 5 wks <input type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 1/2 <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: 8-26-25 Scan: 8-30-25 None Det

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-26-25

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: [REDACTED]

DISPOSITION OF ANIMAL		Euth		HOLDING PERIOD EXPIRES ON (Date): 9-2-25		
DATE: (MM/DD/YY)		9-2-25		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
		9-2-25				

Did you contact another shelter? *NO* Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41670	CUSTODY DATE MM/DD/YY	8-25-25	TIME	AM PM
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REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

<input checked="" type="checkbox"/> Stray / At Large	<input 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:	

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Born Here 8-25-25

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Pit	Blk White	Approximate AGE: <input type="checkbox"/> YR <input type="checkbox"/> MO	Approximate WEIGHT: 202. <input 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: 42525 Scan 830-25 None Det

CUSTODY RECORD PREPARED BY

Signature: [Redacted]	DATE: (MMDDYY) 8-26-25
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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 DOA

HOLDING PERIOD EXPIRES ON (Date): 10-21-25

DATE: (MMDDYY) 9-7-25

FINAL MICROCHIP SCAN PERFORMED BY: [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
		9-7-25				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41671

CUSTODY DATE
MM/DD/YY

8-25-25

TIME

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:

Name: Out-of-State

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Born Here 8-25-25

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Pit	Blk White	Approximate AGE: <input type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 202. <input 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: PAT25 Scan: 87025 None Det

CUSTODY RECORD PREPARED BY

Signature: DATE: (MMDDYY)

8-26-25

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 euth HOLDING PERIOD EXPIRES ON (Date): 10-21-25

DATE: (MMDDYY) 9-3-25 FINAL MICROCHIP SCAN PERFORMED BY (Initials)

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
		9-3-25				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41672	CUSTODY DATE MM/DD/YY 8-25-25	TIME AM PM
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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 type="checkbox"/> Bite Case Quarantine	DAHS
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:	
Name:		<input type="checkbox"/> Out-of-State		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	Born Here 8-25-25

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input type="checkbox"/> Feline	Pit	Blk White	Approximate AGE: <input type="checkbox"/> YR <input type="checkbox"/> MO
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 202. <input 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: 8-25-25 Scan 8-20-25 None Det

CUSTODY RECORD PREPARED BY	
	DATE: (MM/DD/YY) 8-26-25

RIGHT OF 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 <i>Euth</i>	HOLDING PERIOD EXPIRES ON (Date): 10-21-25
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DATE: (MM/DD/YY) 9-3-25	FINAL MICROCHIP SCAN PERFORMED BY 
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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
		9-3-25				

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41673 CUSTODY DATE: 8-25-25 TIME: 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:
Name: Out-of-State

DAHS

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

Born Here 8-25-25

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Pit	Blk White	Approximate AGE: <input type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 202. <input 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: 8-25-25 Scan 8-25-25 None Det

CUSTODY RECORD PREPARED BY

Signature: [Redacted] DATE: (MM/DD/YY) 8-26-25

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 *Euth* **HOLDING PERIOD EXPIRES ON (Date):** 10-21-25

DATE: (MM/DD/YY) 9-3-25 **FINAL MICROCHIP SCAN PERFORMED BY (Initials):** [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
		9-3-25				

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41674

CUSTODY DATE
MM/DD/YY

8-25-25

TIME

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.
Name: Out-of-State

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Born Here 8-25-25

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Pit	Blk White	Approximate AGE: <input type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 202. <input 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: 8-25-25 Scan: None Det

CUSTODY RECORD PREPARED BY

Signature: [Redacted] DATE: (MM/DD/YY)
8-26-25

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): 10-21-25

DATE: (MM/DD/YY) 8-27-25

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
						DOA 8-27-25

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

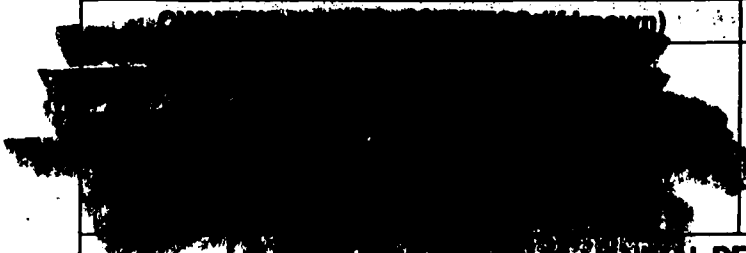
ANIMAL ID: 21675 CUSTODY DATE: 8-26-25 TIME: 455 **PM**

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:
Name: Out-of-State



ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES: Feline BREED: DSH COLOR / MARKINGS: gray tabby SEX: Male Female Altered: Y N Unk
Approximate AGE: 1 YR MO
Approximate WEIGHT: 8 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: 8-26-25 Scan: 8-27-25 not detected.

CUSTODY RECORD PREPARED BY

Signature: [Redacted] DATE: (MMDDYY) 8-26-25

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 returned to me, I will pay the return expenses.

SIGNATURE: [Redacted]

DISPOSITION OF ANIMAL

HOLDING PERIOD EXPIRES ON (Date): 8-27-25

DATE: (MMDDYY) 8-28-25 FINAL MICROCHIP SCAN PERFORMED BY (Initials): [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
		8-28-25 Feral				

Did you contact another shelter? NO.

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41677

CUSTODY DATE

8/26/25

TIME

10:00

AM

PM

REASON FOR CUSTODY (fill in appropriate box)

Stray / At Large

Owner Surrender

Seized

Bite Case Quarantine

Transfer from Another Releasing Agency

Virginia

Impounded

Name:

Out-of-State

Other:

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Dangerous Dog

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y Unk

Feline

Canine

Pit bull

Brown

Approximate AGE: 4 YR MO

Approximate WEIGHT: 40 LB

OTHER:

License Tag
(Number - Details)

Rabies Tag
(Number - Details)

Tattoo
(Describe)

Collar
(Describe - Color, Type, etc.)

Microchip or Other Identification
(Describe - Details)

Red

Scan: 8-26-25
Scan: 8-28-25
None

Signature:

DATE: (MM/DD/YY)

8/26/27

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

DATE: (MM/DD/YY)

9-5-25

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

9-5-25

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41678

CUSTODY DATE
MM/DD/YY

8-27-25

TIME

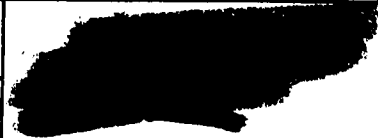
10:45

AM
PM

REASON FOR CUSTODY (mark appropriate box)

- Stray / At Large Owner Surrender Seized Bite Case Quarantine
- Transfer from Another Releasing Agency Virginia Other:
- Name: Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN



OWNER'S NAME & ADDRESS (if known)



ADDITIONAL INFORMATION

Can't Afford him

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DLH	TAN white	Approximate AGE: 3	<input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 13	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: 8-27-25 Scan: None Det

CUSTODY RECORD PREPARED BY

Signature:



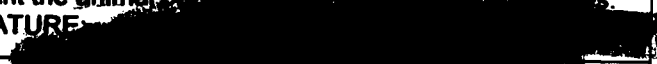
DATE: (MMDDYY)

8-27-25

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...

SIGNATURE



DISPOSITION OF ANIMAL

Transfer

HOLDING PERIOD: 8-28-25

DATE: (MMDDYY)

8-27-25

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
				Virginia Beach 8-27-25 Spec		

Did you contact another shelter?

NO

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41679 CUSTODY DATE: 8/27/25 TIME: 2:00 PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:

Name: Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN

[REDACTED]

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

[REDACTED]

aggressive

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 checked="" type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Bully	merril tri	Approximate AGE: 3 <input type="checkbox"/> YR <input type="checkbox"/> MO	Approximate WEIGHT: 40 <input checked="" type="checkbox"/> LB
OTHER: unknown				

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	Kong Black	Scan: NONE Scan: DET

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] DATE: (MMDDYY) 8/27/25

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 RTO **HOLDING PERIOD EXPIRES ON (Date):** 9-3-25

DATE: (MMDDYY) 8/28/25 **FINAL MICROCHIP SCAN PERFORMED BY (Initials):** [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
8-28-25						

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41680

CUSTODY DATE
MM/DD/YY

8/28/25

TIME

10:30

AM
PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

Stray / At Large Owner Surrender Seized Bite Case Quarantined

Transfer from Another Releasing Agency Virginia Other:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Timid
see Paulette

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 checked="" type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Lab	Blk	Approximate AGE: 3 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	Approximate WEIGHT: 60 <input checked="" type="checkbox"/> LBS
OTHER: unknown				

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	red	Scan: NONE 8-28-25 Scan: NONE 9-2-25

CUSTODY RECORD PREPARED BY

Signature: _____ DATE: (MM/DD/YY)

8/28/25

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 Transfer HOLDING PERIOD EXPIRES ON (Date): 9-10-25

DATE: (MM/DD/YY) 9-12-25 FINAL MICROCHIP SCAN PERFORMED BY (Initial): At

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
				Homebased Trails 9-12-25		

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

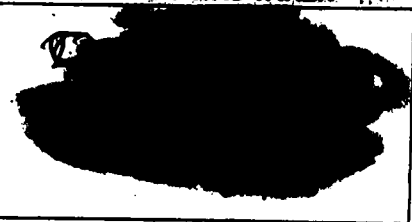
ANIMAL CUSTODY RECORD

ANIMAL ID	41681	CUSTODY DATE MM/DD/YY	8/28/25	TIME	12:00	AM PM
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REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine
<input type="checkbox"/> Transfer from Another Releasing Agency	<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:	
Name:	<input type="checkbox"/> Out-of-State		



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Blank space for owner's name and address.

injured

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 checked="" type="checkbox"/> Feline	DSH	gry/wh	Approximate AGE: 7	<input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 5	<input checked="" type="checkbox"/> LBS
<input type="checkbox"/>			OTHER: unknown	

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: 8-58-25 Scan: 8-2-25 NONE Det

Signature: [Redacted] DATE: (MMDDYY) 8/28/25

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 Euth HOLDING PERIOD EXPIRES ON (Date): 9-4-25

DATE: (MMDDYY) 9-4-25 FINAL MICROCHIP SCAN PERFORMED BY (Initials) [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
		9-4-25				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41682

CUSTODY DATE
MM/DD/YY

8/28/25

TIME

1:30

AM
PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

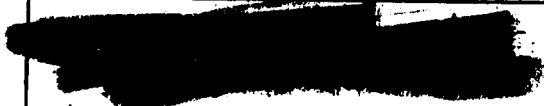
Transfer from Another Releasing Agency Virginia Other:
Name: Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN



OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	TERRIER MIX	brn/tan black	Approximate AGE: 2 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	Approximate WEIGHT: 15 <input checked="" type="checkbox"/> LB 5
OTHER: unknown				

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	Pink	Scan: 82825 Scan: NONE Dot

CUSTODY RECORD PREPARED BY

Signature:



DATE: (MM/DD/YY)

8/28/25

OWNER SURRENDER STATEMENT

I am the rightful owner of this animal and hereby 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 RTD

HOLDING PERIOD EXPIRES ON (Date): 9-9-25

DATE: (MM/DD/YY)

8-28-25

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

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	211683	CUSTODY DATE MM/DD/YY	8/28/25	TIME	1:30	AM <input checked="" type="radio"/> PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

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

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input checked="" type="radio"/> N <input type="radio"/> Unk	
<input type="checkbox"/> Feline	rott Mix	brn blk	Approximate AGE: 9 mos. <input checked="" type="checkbox"/> BYR <input type="checkbox"/> MO		
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 60 <input checked="" type="checkbox"/> LBS		
<input type="checkbox"/>			OTHER: unknown		

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	red	Scan: 8-28-25 Scan: NONE Det

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MMDDYY) 8/28/25

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):
NTO	
DATE: (MMDDYY) 8-28-25	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

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41684	CUSTODY DATE MM/DD/YY	8-28-25	TIME	3:15 PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAAS	
<input type="checkbox"/> Transfer from Another Releasing Agency Name: _____		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	Mother 7 puppies Someone "sickly" she said "A aggressive" Peanut

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/Rott	Brown white	Approximate AGE: 2 yrs	<input checked="" type="checkbox"/> YR	<input type="checkbox"/> MO
			Approximate WEIGHT: 30	<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: 8-28-25 Scan: 8-28-25 None Det

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-28-25

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, I will follow the adoption procedures.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL	Euth	HOLDING PERIOD EXPIRES ON (Date):	8-29-25
DATE: (MM/DD/YY)	8-29-25	FINAL MICROCHIP SCAN PERFORMED BY (Name):	[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
		8-29-25				

Did you contact another shelter? *yes*

Why did they decline to accept? *SPCA they wouldn't take this*

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41685

CUSTODY DATE
MM/DD/YY

8-28-25

TIME

3:18

AM
PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

Stray / At Large Owner Surrender Seized Bite Case Quarantine

DAHS

Transfer from Another Releasing Agency Virginia Other:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



To many to keep
she said most are sickly
'Aggressive to each other'

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Pit/Bott	Brown	Approximate AGE: 9wks <input type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 1 <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: 8-28-25 Scan: 8-29-25 None Det

CUSTODY RECORD PREPARED BY

Signature: [Redacted] DATE: (MM/DD/YY) 8-28-25

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 to be disposed in accordance with procedures.

SIGNATURE: [Redacted]

DISPOSITION OF ANIMAL Euth **HOLDING PERIOD EXPIRES ON (Date):** 8-29-25

DATE: (MM/DD/YY) 8-29-25 **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
		82925				

Did you contact another shelter? *yes*

Why did they decline to accept? *SPCA wouldn't take them*

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41686

CUSTODY DATE
MM/DD/YY

8-28-25

TIME

3:13

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:
Name: Out-of-State

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Too many to keep
Someone sick
Aggressive to each other

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Pit/BOTHx	Brown	Approximate AGE: 9wks <input type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 1 <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: 8-28-25 Scan: 8-29-25 None Det.

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MMDDYY)

8-28-25

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. I understand the adoption procedures.

SIGNATURE

DISPOSITION OF ANIMAL

Euth

HOLDING PERIOD EXPIRES ON (Date): 8-29-25

DATE: (MMDDYY)

8-29-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)

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
		8-29-25				

Did you contact another shelter? Yes

Why did they decline to accept? SPCA-

wouldn't take them

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41687 **CUSTODY DATE** 8-28-25 **TIME** 3:18 **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:

Name: _____ Out-of-State

DAHS

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

[Redacted Owner Name and Address]

To many to keep
 some are sickly
 Aggressive to each other

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Pit/rott	BLACK white	Approximate AGE: 9 wks <input type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 1 <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: 8-28-25 Scan: 8-29-25 None Det

CUSTODY RECORD PREPARED BY

Signature: *[Redacted]* **DATE: (MMDDYY)** 8-29-25

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 *[Redacted]*

DISPOSITION OF ANIMAL euth **HOLDING PERIOD EXPIRES ON (Date):** 8-29-25

DATE: (MMDDYY) 8-29-25 **FINAL MICROCHIP SCAN PERFORMED BY (Initials)** *[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
		8-29-25				

Did you contact another shelter? Yes **Why did they decline to accept?** SPCA - wouldn't take them

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41688

CUSTODY DATE
MM/DD/YY

8-28-25

TIME

3:13

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:

Name: Out-of-State

DAHS

OWNER'S NAME & ADDRESS (optional)

ADDITIONAL INFORMATION

To man to keep All Sickly

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline
 Canine

Pit/Rottix

Black
white

Approximate AGE: 9wks YR MO

Approximate WEIGHT: 1 ~~5~~ 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: 9-28-25
Scan: 8-29-25
None Det.

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-28-25

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 to be euthanized.

SIGNATURE

DISPOSITION OF ANIMAL euth

HOLDING PERIOD EXPIRES ON (Date): 8-29-25

DATE: (MM/DD/YY)

8-29-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)

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

8-29-25

Did you contact another shelter? yes

Why did they decline to accept? JPCA wouldn't take them

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41689

CUSTODY DATE
MM/DD/YY

8-28-25

TIME

3:13

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

Name: Out-of-State

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

To many to keep
some are sick

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Pit/Rott	Blk	Approximate AGE: 9wks <input type="checkbox"/> YR <input type="checkbox"/> MO	Approximate WEIGHT: 1 <input 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: 8-28-25 Scan: 8-25-25 None Det

CUSTODY RECORD PREPARED BY

DATE: (MMDDYY)

8-28-25

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, I will follow the adoption procedures.

SIGNATURE

DISPOSITION OF ANIMAL

HOLDING PERIOD EXPIRES ON (Date): 8-29-25

DATE: (MMDDYY)

8-29-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)

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
		8-29-25				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41690	CUSTODY DATE MM/DD/YY	8-28-25	TIME	3:18	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAHS	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	Mother 7 puppies Too many to keep & some are sickly

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk	
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Pit/Rott	Blk	Approximate AGE: 9 wks	<input type="checkbox"/> YR <input type="checkbox"/> MO	
			Approximate WEIGHT: 1	<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: 8-28-25 Scan: 8-28-25 None Det	

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-28-25

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: [REDACTED]

DISPOSITION OF ANIMAL	Euth	HOLDING PERIOD EXPIRES ON (Date):	8-29-25
DATE: (MM/DD/YY)	8-29-25	FINAL MICROCHIP SCAN PERFORMED BY (Initials)	[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
		8-29-25				

Did you contact another shelter? *Yes* Why did they decline to accept? *SPCA - Full*

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41691

CUSTODY DATE
MM/DD/YY

8-28-25

TIME

3:50

AM

PM

REASON FOR CUSTODY (mark appropriate box)

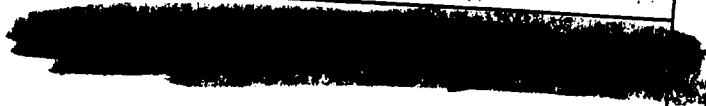
- Stray / At Large
- Owner Surrender
- Seized
- Bite Case Quarantine
- Transfer from Another Releasing Agency
- Virginia
- Other:
- Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Terrierx	Brown		
Approximate AGE: 6 mos			<input type="checkbox"/> YR	<input type="checkbox"/> MO
Approximate WEIGHT:			<input 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)
Nine	Nine	Nine	Nine	Scan: 8-28-25 Scan: 9-1-25 Non Det

CUSTODY RECORD PREPARED BY

DATE: (MMDDYY)

8-28-25

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): 9-4-25

DATE: (MMDDYY)

9-4-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)

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)
9-4-25					

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41873

CUSTODY DATE
MM/DD/YY

8/29/25

TIME

2:30

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:

Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: N Unk

Feline

Canine

DMH

Blk

Approximate AGE: 3 YR MO

Approximate WEIGHT: 10 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: 8-29-25
Scan: 8-30-25

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8/29/25

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): 9-10-25

DATE: (MM/DD/YY)

9-2-25

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

9-2-25

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41694	CUSTODY DATE MM/DD/YY	8-29-25	TIME	11:30 ^{AM} PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DASH	
<input type="checkbox"/> Transfer from Another Releasing Agency Name:		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk	
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	Grey / White	Approximate AGE: 2	<input type="checkbox"/> YR	<input checked="" type="checkbox"/> MO
			Approximate WEIGHT: 3	<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: 8-29-25 Scan: 8-30-25 None

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-29-25

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: [REDACTED]

DISPOSITION OF ANIMAL	Euth	HOLDING PERIOD EXPIRES ON (Date):	8-30-25
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DATE: (MM/DD/YY)	8-2-25	FINAL MICROCHIP SCAN PERFORMED BY (Initial)	[REDACTED]
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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
		8-2-25				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41695	CUSTODY DATE MM/DD/YY 8-29-25	TIME 11:30 ^{AM} PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DASH	
<input type="checkbox"/> Transfer from Another Releasing Agency Name:		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	

ANIMAL DESCRIPTION				
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	Blk / white	Approximate AGE: 2 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO	Approximate WEIGHT: 3 <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: 8-29-25 Scan: 17025 None

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-29-25

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 to, I will follow adoption procedures.	
SIGNATURE: [REDACTED]	

DISPOSITION OF ANIMAL Euth	HOLDING PERIOD EXPIRES ON (Date): 9-30-25
DATE: (MM/DD/YY) 9-2-25	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
		9-2-25				

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41696 CUSTODY DATE: 8-29-25 TIME: 11:30 (AM) PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large
 Owner Surrender
 Seized
 Bite Case Quarantine

Transfer from Another Releasing Agency
 Virginia
 Other:

Name: _____ Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN

DASH

OWNER'S NAME & ADDRESS (if known)

[REDACTED]

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	<u>DSH</u>	<u>Blk / white</u>	Approximate AGE: <u>2</u> <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
			Approximate WEIGHT: <u>3</u> <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)
<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>	Scan: <u>8-29-25</u> Scan: <u>87025</u> <u>None</u>

CUSTODY RECORD PREPARED BY

Signature: _____ DATE: (MMDDYY) 8-29-25

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 to be adopted, I will follow adoption procedures.

SIGNATURE: _____

DISPOSITION OF ANIMAL: Euth **HOLDING PERIOD EXPIRES ON (Date):** 8-30-25

DATE: (MMDDYY) 8-2-25 **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
		<u>8-2-25</u>				


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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41697	CUSTODY DATE MM/DD/YY	8-29-25	TIME	12:30	AM <input checked="" type="radio"/> PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DASH	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

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

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk	
<input checked="" type="checkbox"/> Canine	Terrier	Blk / Whit spot	Approximate AGE: 3	<input type="checkbox"/> YR	<input checked="" type="checkbox"/> MO
<input type="checkbox"/>	Mix		Approximate WEIGHT: 15	<input 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:	8-29-25
				Scan:	9-1-25
					None

CUSTODY RECORD PREPARED BY	
Signature: 	DATE: (MM/DD/YY) 8-29-25

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): 9-5-26
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DATE: (MM/DD/YY)	FINAL MICROCHIP SCAN PERFORMED BY (Initial):
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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

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41698

CUSTODY DATE
MM/DD/YY

8-29-25

TIME

2:55

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:
Name: Out-of-State

DART 5

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Patton St

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 <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	P.H	DARK Brindle	Approximate AGE: 2	<input type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 35	<input 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)	Rules Tag (Number - Details)	Tattoo (Describe)	Collar (Describe - Color, Type, etc.)	Microchip or Other Identification (Describe - Details)
None	None	None	None	Scan: 8-29-25 Scan: 9-1-25 None

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-29-25

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): 9-5-25

DATE: (MM/DD/YY)

9-5-25

FINAL MICROCHIP SCAN PERFORMED BY

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
		9-5-25				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41699	CUSTODY DATE MM/DD/YY	8-29-25	TIME	5:20	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" 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					

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk	
<input type="checkbox"/> Feline	Lab Shep.	Brindle white	Approximate AGE: 3 <input type="checkbox"/> YR <input type="checkbox"/> MO		
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 15 <input 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: 8-29-25 Scan: 8-30-25

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-29-25

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 contact the shelter.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL	Euth	HOLDING PERIOD EXPIRES ON (Date):	8-30-25
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DATE: (MM/DD/YY)	9-3-25	FINAL MICROCHIP SCAN PERFORMED BY	[REDACTED]
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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
		9-3-25				

Did you contact another shelter?


Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41700	CUSTODY DATE MM/DD/YY	8/29/25	TIME	5:05	AM PM
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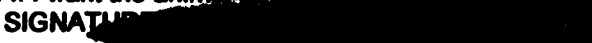
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAHS	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

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

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk	
<input checked="" type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Lab Shep	Brindle	Approximate AGE: 3	<input type="checkbox"/> YR	<input type="checkbox"/> MO
			Approximate WEIGHT: 15	<input 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: 8-29-25 Scan: 87025 None

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY)

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 the adoption procedures.	
SIGNATURE: 	

DISPOSITION OF ANIMAL Entry	HOLDING PERIOD EXPIRES ON (Date): 8-30-25
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DATE: (MM/DD/YY) 9-3-25	FINAL MICROCHIP SCAN PERFORMED 
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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
		9-3-25				

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41701	CUSTODY DATE MM/DD/YY	8-29-25	TIME	5:05	AM <input checked="" type="radio"/> PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAMS	
<input type="checkbox"/> Transfer from Another Releasing Agency Name:	<input type="checkbox"/> Virginis <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Lab split	Brindle white	Approximate AGE: 3 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO Approximate WEIGHT: 12 <input 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: 8-29-25 Scan: 8-29-25 None

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-29-25

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, I will contact the shelter within 30 days.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL	Euth	HOLDING PERIOD EXPIRES ON (Date):	8-30-25
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DATE: (MM/DD/YY)	9-3-25	FINAL MICROCHIP SCAN PERFORMED BY	[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
		F-3-25				

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41702 CUSTODY DATE: 8-29-25 TIME: 5:15 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:
- Name: _____
- Out-of-State

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	Shep Lab	Blk / white	Approximate AGE: 3	<input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 15	<input 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)	Rebels Tag (Number - Details)	Tattoo (Describe)	Collar (Describe - Color, Type, etc.)	Microchip or Other Identification (Describe - Details)
None	None	None	None	Scan: 8-29-25 Scan 83525

CUSTODY RECORD PREPARED BY

Signature: _____ DATE: (MMDDYY) 8-29-25

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 to be adopted, I will follow adoption procedures.

SIGNATURE: _____

DISPOSITION OF ANIMAL: Euth HOLDING PERIOD EXPIRES ON (DATE): 8-30-25

DATE: (MMDDYY) 8-29-25 FINAL MICROCHIP SCAN PERFORMED BY: _____

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
		8-29-25				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41703

CUSTODY DATE
MM/DD/YY

8-29-25

TIME

5:15

AM
PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

Stray / At Large Owner Surrender Seized Bite Case Quarantine

DAMS

Transfer from Another Releasing Agency Virginia Other:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Labs Sheep	Blk Wh. +	Approximate AGE: 3	<input type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 15	<input 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)
NON	NONE	NON	NONE	Scan: 8-29-25 Scan NONE

CUSTODY RECORD PREPARED BY

Signature: [Redacted] DATE: (MMDDYY) 8-29-25

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: [Redacted]

DISPOSITION OF ANIMAL Euth HOLDING PERIOD EXPIRES ON (Date): 8-30-25

DATE: (MMDDYY) 8-3-25 FINAL MICROCHIP SCAN PERFORMED BY: [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
		8-3-25				

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41704	CUSTODY DATE MM/DD/YY	8/29/25	TIME	9:35	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DASH	
<input type="checkbox"/> Transfer from Another Releasing Agency	<input checked="" type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
Unknown	[Redacted]

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N <input checked="" type="checkbox"/> Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Yorkie x	light/dark brown	Approximate AGE: 5-6 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 5 <input 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: 8/29/25 [Redacted]

CUSTODY RECORD PREPARED BY	
Signature: [Redacted]	DATE: (MM/DD/YY) 8/29/25

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): 9-10-25
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DATE: (MM/DD/YY) 9-5-25	FINAL MICROCHIP SCAN PERFORMED BY (Initials): [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
9-5-25						

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41705	CUSTODY DATE MM/DD/YY	8/29/25	TIME	9:35	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input 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:			

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

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y <input checked="" type="radio"/> N <input type="radio"/> Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	black whit	Approximate AGE: 1-2 yrs <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 8 <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	flea collar	Scan: 8/29/25 Scan: 9-2-25 none detected

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY) 8/29/25

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): 9-10-25				
DATE: (MM/DD/YY) 9-12-25		FINAL MICROCHIP SCAN PERFORMED BY (Initials)				
Returned to Owner	Adopted	Euthanized	Died in Custody	Transferred to Another Virginia Releasing Agency (name of agency)	Transferred to Another Releasing Agency (name of agency)	Other
		9-12-25				

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41706

CUSTODY DATE
MM/DD/YY

8-30-25

TIME

1:00

AM
PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:
Name: Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline
 Canine

DSH

Siamese
Seal pt

Approximate AGE: 6 YR MO

Approximate WEIGHT: 6 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: 8-30-25
Scan: 8-31-25
none

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-30-25

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

Transfer

HOLDING PERIOD EXPIRES ON (Date): 9-1-25

DATE: (MM/DD/YY)

9-4-25

FINAL MICROCHIP SCAN PERFORMED BY (Initial):

LC

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

Harrison
8-5-25 Vail

Did you contact another shelter?

Why did they decline to accept?

21

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41707

CUSTODY DATE
MM/DD/YY

8-30-25

TIME

1:00

AM

PM

REASON FOR CUSTODY (mark appropriate box)

- Stray / At Large
- Owner Surrender
- Seized
- Bite Case Quarantine
- Transfer from Another Releasing Agency
- Virginia
- Other:
- Name: _____
- Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



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 checked="" type="checkbox"/> Feline	DSH	Black	Approximate AGE: 6 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 6 <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: 8-30-25 Scan: 9-2-25 None

CUSTODY RECORD PREPARED BY

Signature:



DATE: (MMDDYY)

8-30-25

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 kept, I will follow the adoption procedures.

SIGNATURE

DISPOSITION OF ANIMAL

Transfer

HOLDING FEES EXPIRES ON (Date): 9-1-25

DATE: (MMDDYY)

9-4-25

FINAL MICROCHIP SCAN PERFORMED BY (Initial):

R

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
				Hammond Trail's 9-5-25		

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41708	CUSTODY DATE MM/DD/YY	8-30-25	TIME	1:25	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DASH	
<input type="checkbox"/> Transfer from Another Releasing Agency	<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
Name:				<input type="checkbox"/> Out-of-State	

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	[REDACTED]

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	Yorkie	Brown / gray	Approximate AGE: 2 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO		
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 10 <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: 8-30-25 Scan: 8-30-25

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 8-30-25

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 wish to adopt, I will follow adoption procedures.	
SIGNATURE: [REDACTED]	

DISPOSITION OF ANIMAL						
HOLDING PERIOD: [REDACTED] (Date): [REDACTED]						
DATE: (MM/DD/YY) 9-5-25 FINAL MICROCHIP: [REDACTED] BY: [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
	9-5-25					

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41709

CUSTODY DATE
MM/DD/YY

8-30-25

TIME

9:30

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:

Name:

Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Bite case - child owner's Releasing

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

pit

Black

Approximate AGE: 1 YR MO

Approximate WEIGHT: 50 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

green leash

Scan: 8-30-25
Scan: 9-1-25
None

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MMDDYY)

8-30-25

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 Euth

HOLDING PERIOD EXPIRES ON (Date): 9-11-25

DATE: (MMDDYY)

9-11-25

FINAL MICROCHIP SCAN PERFORMED BY:

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

9-11-25

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41710	CUSTODY DATE MM/DD/YY 8-31-25	TIME 9:10	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAHS	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	- does not react well to other cats, but friendly

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	Siamese	Approximate AGE: 3/4 <input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 10 <input 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: 8-31-25 Scan 9-2-25 None detected

CUSTODY RECORD PREPARED BY	
Signature: 	DATE: (MM/DD/YY) 8-31-25

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 Transfer	HOLDING PERIOD EXPIRES ON (Date): 9-9-25
DATE: (MM/DD/YY) 9-11-25	FINAL MICROCHIP SCAN PERFORMED BY (Initials) 

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
				Howard Tris 9-12-25		

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

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41711	CUSTODY DATE MM/DD/YY	8:30-25	TIME	9:10	AM <input checked="" type="radio"/> PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DASH	
<input type="checkbox"/> Transfer from Another Releasing Agency Name:		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
Unknown	Found N. Main in Road Very Friendly

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N <input checked="" type="radio"/>
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	pit x	Black	Approximate AGE: 2 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 35 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	Chain - w/Black Black-leash.	Scan: 8-30-25 Scan: 8-30-25

CUSTODY RECORD PREPARED BY	
Signature: [Redacted]	DATE: (MM/DD/YY) 8-30-25

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): 9-11-25
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DATE: (MM/DD/YY)	FINAL MICROCHIP SCAN PERFORMED BY (Initial): [Redacted]
9-15-25	

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
				9-15-25 Richmond SPLA		

Did you contact another shelter?

Why did they decline to accept?

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

43716

CUSTODY DATE
MM/DD/YY

8-31-25

TIME

2:00

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:

Name: Out-of-State

Shelby

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

to be euth

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Chix	Tan	Approximate AGE: 16 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	Approximate WEIGHT: 10# <input 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 detected

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MMDDYY)

8-31-25

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: [Redacted]

DISPOSITION OF ANIMAL Euth

HOLDING PERIOD EXPIRES ON (Date): 8-31-25 9-1-25

DATE: (MMDDYY) 8-31-25

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
		8-31-25				

Did you contact another shelter?

Why did they decline to accept?