

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 |
|--------------------|------------------------------------|--------------|----------|

| | | | | |
|--|--|--|--|----------------------------------|
| 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: Bot Here | |

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

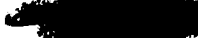
| | | | | |
|--|--------------|--------------------------|---|---|
| ANIMAL DESCRIPTION | | | | |
| SPECIES <input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/> | BREED DSH | COLOR / MARKINGS TORT | SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | Altered: Y <input checked="" type="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 |

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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: | |

| | |
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| DISPOSITION OF ANIMAL | HOLDING PERIOD EXPIRES ON (Date): (8 weeks 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? Why did they decline to accept?