

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
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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
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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 **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?**