

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 Scan: 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?