

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?