

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: 3wks <input type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 1 <input checked="" type="checkbox"/> LBS OTHER: NONE
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ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write 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

OWNER SURRENDER STATEMENT

I am the rightful owner of this animal. I surrender all property rights in this animal. No other person has a right of property in this animal. I understand that 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?