

**City of Danville**  
**Animal Control Officer / Public Animal Shelter**

**ANIMAL CUSTODY RECORD**

**ANIMAL ID** 41459      **CUSTODY DATE** MM/DD/YY 8/6/25      **TIME** 10:07 <sup>AM</sup> ~~PM~~

**REASON FOR CUSTODY (mark appropriate box)**      **LOCATION WHERE CUSTODY WAS TAKEN**

Stray / At Large     Owner Surrender     Seized     Bite Case Quarantined

Transfer from Another Releasing Agency     Virginia     Other: [REDACTED]

Name: \_\_\_\_\_       Out-of-State

**OWNER'S NAME & ADDRESS (if known)**      **ADDITIONAL INFORMATION**

[REDACTED]

**ANIMAL DESCRIPTION**

| SPECIES                                    | BREED | COLOR / MARKINGS | SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | Altered: Y N Unk |
|--|-------|------------------|---|------------------|
| <input checked="" type="checkbox"/> Feline | DSH   | CALICO           | Approximate AGE: 3wks <input type="checkbox"/> YR <input type="checkbox"/> MO |                  |
| <input type="checkbox"/> Canine            |       |                  | Approximate WEIGHT: 1' <input checked="" type="checkbox"/> LBS                |                  |
| <input type="checkbox"/>                   |       |                  | OTHER: NONE   |                  |

**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: NONE<br>8-6-25                                   |

**CUSTODY RECORD PREPARED BY**

Signature: [REDACTED]      DATE: (MM/DD/YY) 8/6/25

**SURRENDER STATEMENT**

I am the rightful owner of this animal. I understand the 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):** [REDACTED]

| 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<br>unweaned |                 |   |   |       |

**Did you contact another shelter?** NO      **Why did they decline to accept?**