

City of Danville  
Animal Control Officer / Public Animal Shelter

**ANIMAL CUSTODY RECORD**

ANIMAL ID

41469

CUSTODY DATE MM/DD/YY

8/7/25

TIME

845

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**

Friendly

**ANIMAL DESCRIPTION**

SPECIES

BREED

COLOR / MARKINGS

SEX:  Male  Female    Altered:  Y  N  Unk

Feline

DSH

gry tab

Approximate AGE: 2  YR  MO

Canine

Approximate WEIGHT: 7  LBS

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

NOVE

NONE

Scan: 8-7-25  
Scan: 8/7/25

**SIGNATURE OF OWNER PREPARED BY**



DATE: (MM/DD/YY)

8/7/25

**OWNER STATEMENT**

I am the 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**

Transfer

HOLDING PERIOD EXPIRES ON (Date):

8-14-25

DATE: (MM/DD/YY)

8-16-25

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

Homeard Trails 8-16-25

Did you contact another shelter?

Why did they decline to accept?