

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41470 CUSTODY DATE: 8/7/25 TIME: 845 AM
MM/DD/YY 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**

ANIMAL DESCRIPTION

| | | | |
|--|------------|------------------|--|
| SPECIES | BREED | COLOR / MARKINGS | SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: <input checked="" type="radio"/> N <input type="radio"/> Unk |
| <input checked="" type="checkbox"/> Feline | <u>DSH</u> | <u>blk/wh</u> | Approximate AGE: <u>7 wks</u> <input type="checkbox"/> YR <input type="checkbox"/> MO |
| <input type="checkbox"/> Canine | | | Approximate WEIGHT: <u>2</u> <input checked="" type="checkbox"/> LBS |
| <input type="checkbox"/> | | | OTHER: <u>NONE</u> |

ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO)

| | | | | |
|--|---|-------------------------------------|---|--|
| License Tag <small>(Number - Details)</small> | Rabies Tag <small>(Number - Details)</small> | Tattoo <small>(Describe)</small> | Collar <small>(Describe - Color, Type, etc.)</small> | Microchip or Other Identification <small>(Describe - Details)</small> |
| <u>NONE</u> | <u>NONE</u> | <u>NONE</u> | <u>NONE</u> | Scan: <u>8-9-25</u> Scan: <u>NONE</u> |

PREPARED BY: _____ DATE: (MM/DD/YY) 8/7/25

Signature:

OWNER 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 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 <small>(name of agency)</small> | Transferred to Out-of-State Releasing Agency <small>(name of agency)</small> | Other |
| | | | | <u>Hornum</u> <u>Travis</u> | | |

Did you contact another shelter? _____ Why did they decline to accept? _____