

City of Danville  
Animal Control Officer / Public Animal Shelter

### ANIMAL CUSTODY RECORD

ANIMAL ID

41484  
~~40501~~

CUSTODY DATE  
MM/DD/YY

8-7-25

TIME

8:00

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

#### ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX:  Male  Female    Altered:  Y  N  Unk

Feline  
 Canine

DSH

Blk/white

Approximate AGE: 4 YRS     YR     MO

Approximate WEIGHT: 1#     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: 8-17-25 Scan: 8-16-25 None

#### CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-7-25

#### 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

HOLDING PERIOD EXPIRES ON (Date): 8-14-25

DATE: (MM/DD/YY)

8-14-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)



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
		8-14-25				

Did you contact another shelter? NO

Why did they decline to accept?