

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

**ANIMAL CUSTODY RECORD**

**ANIMAL ID** 41499      **CUSTODY DATE** 8-8-25      **TIME** 2:45 AM  
MM/DD/YY      PM

REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:	
Name:		<input type="checkbox"/> Out-of-State		

OWNER'S NAME & ADDRESS (If known)	ADDITIONAL INFORMATION
	Nyla really sick

ANIMAL DESCRIPTION			
<b>SPECIES</b>	<b>BREED</b>	<b>COLOR / MARKINGS</b>	<b>SEX:</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <b>Altered:</b> Y N Unk
<input checked="" type="checkbox"/> Feline	DMH	Buff	<b>Approximate AGE:</b> 2 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
<input type="checkbox"/> Canine			<b>Approximate WEIGHT:</b> 2 <input checked="" type="checkbox"/> LB
<input type="checkbox"/>			<b>OTHER:</b>

ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO)				
<b>License Tag</b> (Number - Details)	<b>Rabies Tag</b> (Number - Details)	<b>Tattoo</b> (Describe)	<b>Collar</b> (Describe - Color, Type, etc.)	<b>Microchip or Other Identification</b> (Describe - Details)
None	None	None	None	Scan: 8-8-25 Scan: none

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY) 8-8-25

**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, I will follow the adoption procedures.

SIGNATURE:

**DISPOSITION OF ANIMAL**      **HOLDING PERIOD EXPIRES ON (Date):** 8-15-25

**DATE:** (MM/DD/YY) 8-12-25      **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
		8-12-25				

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