

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41500	CUSTODY DATE MM/DD/YY	8-9-25	TIME	10:45 AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN			
<input checked="" type="checkbox"/> Stray / At Large	<input 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
	Wild kitten severe eye infection, Ruptured eye - left

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: <input type="checkbox"/> Y <input checked="" type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	black & white	Approximate AGE: 7 wks <input type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 1/2 <input checked="" type="checkbox"/> 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: NONE Det 8-9-25

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY) 08-09-25

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	HOLDING PERIOD EXPIRES ON (Date): 8-17-25
DATE: (MM/DD/YY) 8-9-25	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
		8-9-25				

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