

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

**ANIMAL CUSTODY RECORD**

ANIMAL ID: 41511      CUSTODY DATE MM/DD/YY: 8-11-25      TIME: 1:45      AM  PM

**REASON FOR CUSTODY (mark appropriate box)**

Stray / At Large     Owner Surrender     Seized     Bite Case Quarantine

Transfer from Another Releasing Agency     Virginia     Other:

Name: \_\_\_\_\_     Out-of-State

**LOCATION WHERE CUSTODY WAS TAKEN**  
DASH

**OWNER'S NAME & ADDRESS (if known)** \_\_\_\_\_

**ADDITIONAL INFORMATION:**  
Roaming - wife bear feeding them

**ANIMAL DESCRIPTION**

|  |       |                  |   |
|--|-------|------------------|---|
| SPECIES                                    | BREED | COLOR / MARKINGS | SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female    Altered: Y N Unk |
| <input checked="" type="checkbox"/> Feline | DSH   | Blk white        | Approximate AGE: 6 wks <input type="checkbox"/> YR <input type="checkbox"/> MO                    |
| <input type="checkbox"/> Canine            |       |                  | Approximate WEIGHT: 1 Lb  |
| <input type="checkbox"/>                   |       |                  | 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: 8-11-25<br>Scan: 8-12-25<br>None Out             |

**CUSTODY RECORD PREPARED BY**

Signature: \_\_\_\_\_      DATE: (MM/DD/YY) 8-11-25

**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** turn      **HOLDING PERIOD EXPIRES ON (Date):** 8-12-25

DATE: (MM/DD/YY) 8-10-25      **FINAL MICROCHIP SCAN PERFORMED BY** \_\_\_\_\_

|                   |         |            |                 |   |   |       |
|-------------------|---------|------------|-----------------|---|---|-------|
| 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 |
|                   |         | 8-10-25    |                 |   |   |       |

**Did you contact another shelter? \_\_\_\_\_ Why did they decline to accept? \_\_\_\_\_**