

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41562

CUSTODY DATE
MM/DD/YY

8-15-25

TIME

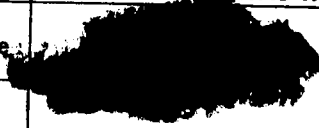
5:30

AM
PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

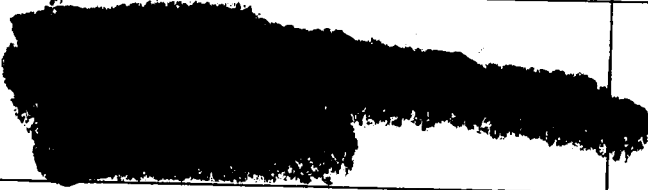
Stray / At Large Owner Surrender Seized Bite Case Quarantine



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

Grey/Wh. R

Approximate AGE: 2 YR MO

Approximate WEIGHT: 7 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: 8-15-25
Scan: 8-16-25
None

CUSTODY RECORD PREPARED BY

Signature:



DATE: (MM/DD/YY)

8-15-25

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 to follow adoption procedures.

SIGNATURE:



DISPOSITION OF ANIMAL

Euth

HOLDING PERIOD EXPIRES ON (Date): 8-16-25

DATE: (MM/DD/YY)

8-19-25

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

81925

Did you contact another shelter? NO

Why did they decline to accept?