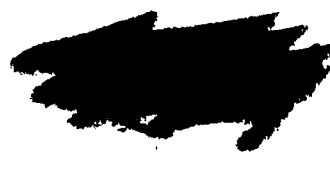


**City of Danville**  
Animal Control Officer / Public Animal Shelter

**ANIMAL CUSTODY RECORD**

ANIMAL ID	41574	CUSTODY DATE MM/DD/YY	8/18/25	TIME	1:06 <sup>AM</sup> 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"/> Virginic	<input type="checkbox"/> Other:		
Name:			<input type="checkbox"/> Out-of-State	

**OWNER'S NAME & ADDRESS (if known)** **ADDITIONAL INFORMATION**

	unwashed
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**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 <input checked="" type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline	DSH	grey	Approximate AGE: 3 wks <input type="checkbox"/> YR <input type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 0 <input checked="" type="checkbox"/> LB
<input type="checkbox"/>			OTHER:

**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: 8/18/25 Scan 8-18-25 none detected

**CUSTODY RECORD PREPARED BY**

Signature:  DATE: (MM/DD/YY) 8/18/25

**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):** 8-25-25

DATE: (MM/DD/YY) 8-19-25 **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
		8/19/25				

Did you contact another shelter? *no*

Why did they decline to accept?