

115

City of Danville Animal Control Officer / Public Animal Shelter	ANIMAL CUSTODY RECORD
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ANIMAL ID	41578	CUSTODY DATE MM/DD/YY	8-18-25	TIME	1:34 PM
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REASON FOR CUSTODY (mark appropriate box) <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	LOCATION WHERE CUSTODY WAS TAKEN <div style="font-size: 2em; text-align: center;">DAHS</div>
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OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION Top of hill on Lebestova Dr.
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ANIMAL DESCRIPTION			
SPECIES <input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	BREED <div style="font-size: 1.5em;">DSH</div>	COLOR / MARKINGS <div style="font-size: 1.5em;">Gray white</div>	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk Approximate AGE: <div style="font-size: 1.5em;">6 mos</div> <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO Approximate WEIGHT: <div style="font-size: 1.5em;">4</div> <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: 8-18-25 Scan: 9-2-25 None set

CUSTODY RECORD PREPARED BY	
Signature:	DATE: (MM/DD/YY) <div style="font-size: 1.5em; text-align: center;">8-18-25</div>

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): 8-25-25

DATE: (MM/DD/YY)

7-4-25

 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
				<div style="font-size: 1.2em;">Homenet Falls</div> <div style="font-size: 1.2em;">8-4-25</div>		

Did you contact another shelter? _____ Why did they decline to accept? _____