

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: **41580** CUSTODY DATE: **8/18/25** TIME: **3:12** **(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 Impounded

Name: Out-of-State Other: ..

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

[Redacted]

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 | DMH | Orange | Approximate AGE: 3 | <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO |
| <input type="checkbox"/> Canine | | | Approximate WEIGHT: 10 | <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)

| | | | | |
|--------------------------------|-------------------------------|-------------------|---------------------------------------|-------------------------------------------------------------|
| License Tag (Number - Details) | Rabies Tag (Number - Details) | Tattoo (Describe) | Collar (Describe - Color, Type, etc.) | Microchip or Other Identification (Describe - Details) |
| n | n | n | n | Scan: 8-18-25 Scan: 8-21-25 None |

Signature: [Redacted] **DATE: (MM/DD/YY)** **8/18/25**

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 (DD) @ 28-25**

DATE: (MM/DD/YY) **8-28-25** **FINAL MICROCHIP SCAN PERFORMED BY (Initial):** [Redacted]

| | | | | | | |
|-------------------|---------|---------------------|-----------------|-------------------------------------------------------------------|---------------------------------------------------------------|-------|
| 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 |
| | | 8-28-25 Sick | | | | |

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