

City of Danville  
Animal Control Officer / Public Animal Shelter

**ANIMAL CUSTODY RECORD**

ANIMAL ID

41584

CUSTODY DATE  
MM/DD/YY

8-19-25

TIME

12<sup>20</sup>

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**

Can't Keep All of these Cats

**ANIMAL DESCRIPTION**

SPECIES

BREED

COLOR / MARKINGS

SEX:  Male  Female Altered: Y N Unk

Feline

Canine

DSH

BLACK

Approximate AGE: 4 wks  YR  MO

Approximate WEIGHT: 1  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: 8-19-25  
Scan: 8-20-25  
None Out

**CUSTODY RECORD PREPARED BY**

Signature

DATE: (MM/DD/YY)

8-19-25

**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 euthanized or otherwise disposed in accordance with Virginia Code, Title 3.2, Ch. 65. If I want the animal returned, I will follow the procedures.

SIGNATURE

**DISPOSITION OF ANIMAL**

HOLD

8-20-25

DATE: (MM/DD/YY)

8-28-25

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

8-28-25

Did you contact another shelter? *yes*

Why did they decline to accept? *HALIFAX SENT chuto Danville*