

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41667 **CUSTODY DATE** 8-26-25 **TIME** 1:45 **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 Feline Canine
BREED DSH **COLOR / MARKINGS** B/W wht
SEX: Male Female **Altered:** Y N Unk
Approximate AGE: 7w 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: 8-26-25 Scan: 8-27-25 not det.

CUSTODY RECORD PREPARED BY **DATE: (MMDDYY)**

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):** 8-27-25

DATE: (MMDDYY) 8-28-25 **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
		8-28-25 Sick				

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