City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41399	CUSTODY DATE MM/DD/YY	8-2-25	TIME	8, AM / PM

REASON FOR CUSTODY (mark appropriate box)

- [x] Stray / At Large
- [ ] Owner Surrender
- [ ] Seized
- [ ] Bite Case Quarantine
- [ ] Transfer from Another Releasing Agency — Name: — [ ] Virginia [ ] Out-of-State
- [ ] Other:

LOCATION WHERE CUSTODY WAS TAKEN

[redacted]

OWNER'S NAME & ADDRESS (If known)

ADDITIONAL INFORMATION

Lime disease [redacted]
HW Positive.

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: [x] Male [ ] Female	Altered: Y (N) Unk
[ ] Feline [x] Canine [ ]	Beagle	tri	Approximate AGE: 5	[x] YR [ ] MO
			Approximate WEIGHT: 30	[x] 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: 8-2-25 Scan 8-5-25 not deet

CUSTODY RECORD PREPARED BY

Signature: [redacted]

DATE: (MM/DD/YY) 8-2-25

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 HOLDING PERIOD EXPIRES ON (Date): 8-9-25

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

Did you contact another shelter? NO

Why did they decline to accept?