

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41403	CUSTODY DATE MM/DD/YY 8/2/25	TIME 8:42	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DAHS
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:	
Name:		<input type="checkbox"/> Out-of-State		

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	- too much to handle - name was "Atlas", now "Thor"

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: <input checked="" type="radio"/> N <input type="radio"/> Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	great dane / lab x	black / white	Approximate AGE: 1 yr <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 80 <input checked="" type="checkbox"/> LBS 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	harness & tan collar	Scan: 312125 Scan 8-12-25

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 contact the shelter.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL: Adopted		HOLDING PERIOD EXPIRES ON (Date): 8-3-25				
DATE: (MM/DD/YY) 8-12-25		FINAL MICROCHIP SCAN PERFORMED BY (Initial): [Signature]				
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
	8-12-25					

Did you contact another shelter?

Why did they decline to accept?