

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41439	CUSTODY DATE MM/DD/YY 8/4/25	TIME 2:00	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	[REDACTED]	
<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

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk	
<input type="checkbox"/> Feline	Pitbull	gray/wh	Approximate AGE: 3 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO		
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 45 <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)
NONE	NONE	NONE	orange/gray	Scan: 8-4-25 Scan: NONE

CUSTODY RECORD PREPARED BY	
Signature [REDACTED]	DATE: (MM/DD/YY) 8/4/25

STATEMENT
I am the rightful owner of 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 (LTD)		HOLDING PERIOD EXPIRES ON (Date): 8-16-25				
DATE: (MM/DD/YY) 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
8-5-25						

Did you contact another shelter?

Why did they decline to accept?