City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41455	CUSTODY DATE MM/DD/YY	8-5-25	TIME	830 AM (PM)

REASON FOR CUSTODY (mark appropriate box)

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

LOCATION WHERE CUSTODY WAS TAKEN

[redacted]

OWNER'S NAME & ADDRESS (If known)

[redacted]

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: [x] Male [ ] Female Altered: Y (N) Unk
[ ] Feline [x] Canine [ ]	Pit	grayish brown and white	Approximate AGE: 7 ~~years~~ [x] YR [ ] MO Approximate WEIGHT: 60 [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: NO 8-3-25 Scan 8-5-25 None ~~Det~~

CUSTODY RECORD PREPARED BY

Signature: [redacted]

DATE: (MM/DD/YY) 08-5-25

RIGHTFUL OWNER SURRENDER STATEMENT

I am the rig[redacted]r 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 RTO **HOLDING PERIOD EXPIRES ON (Date):** 8-12-25

DATE: (MM/DD/YY) 8-9-25 **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
8-9-25						

Did you contact another shelter? **Why did they decline to accept?**