

City of Danville  
Animal Control Officer / Public Animal Shelter

**ANIMAL CUSTODY RECORD**

ANIMAL ID

415 10

CUSTODY DATE  
MM/DD/YY

8-11-25

TIME

1:30

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

DCHA

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

HALIFAX Rd JAWA

**ANIMAL DESCRIPTION**

SPECIES

BREED

COLOR / MARKINGS

SEX:  Male     Female    Altered: Y N Unk

Feline  
 Canine

Beagle

TR

Approximate AGE: 5 YR     YR     MO

Approximate WEIGHT: 30 LB     SLB

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: 8-11-25  
Scan: 8-13-25  
NO Det

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-11-25

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

Adopted

HOLDING PERIOD EXPIRES ON (Date): 8-18-25

DATE: (MM/DD/YY)

8-21-25

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

8-21-25

Did you contact another shelter?

Why did they decline to accept?