

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41514

CUSTODY DATE (MM/DD/YY)

8/11/25

TIME

2:00

AM
PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Impounded

Name: Out-of-State Other:

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Dropped dog off 3wks ago and never came back

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline
 Canine

Pit Mix

brn / blk
brindle

Approximate AGE: 5 YR MO

Approximate WEIGHT: 10 LB S

OTHER: Name

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

camo collar

Scan: NONE 8-11-25
Scan: NONE 8-12-25

Signature:

DATE: (MM/DD/YY)

8/11/25

I am the rightful owner of this animal. I understand that I have full property rights in this animal. No other person has a right of property in this animal. I understand that this animal may be returned to me in accordance with Virginia Code, Title 3.2, § 65. If I want to return this animal to me, I will pay the cost of transportation and any other costs incurred by the shelter.

SIGNATURE

DISPOSITION OF ANIMAL

DATE: (MM/DD/YY)

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

Did you contact another shelter?

Why did they decline to accept?