City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41517	CUSTODY DATE MM/DD/YY	8/11/25	TIME	2:40 AM (PM)

REASON FOR CUSTODY (mark appropriate box)

☐ Stray / At Large ☑ Owner Surrender ☐ Seized ☐ Bite Case Quarantine

☐ Transfer from Another Releasing Agency ☐ Virginia ☐ Out-of-State
Name:

☐ Impounded
Other:

LOCATION WHERE CUSTODY WAS TAKEN

[redacted]

OWNER'S NAME & ADDRESS (Given)

[redacted]

ADDITIONAL INFORMATION

Jalana

SPECIES	BREED	COLOR / MARKINGS	SEX: ☐ Male ☑ Female Altered: Y (N) Unk
☐ Feline ☑ Canine ☐	Pitbull	blk/wht	Approximate AGE: 10 ☐ YR ☑ MO Approximate WEIGHT: 40 ☐ LBS OTHER: None

License Tag (Number - Details)	Rabies Tag (Number - Details)	Tattoo (Describe)	Collar (Describe - Color, Type, etc.)	Microchip or Other Identification (Describe - Details)
None	None	None	Pink	Scan: 8-11-25 Scan None

ADDITIONAL INFORMATION REQUIRED BY LAW

Signature: [redacted]

DATE: (MM/DD/YY) 8/11/25

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: [redacted]

DISPOSITION OF ANIMAL Euth **HOLDING PERIOD EXPIRES ON (Date):**

DATE: (MM/DD/YY) 8-12-25 **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
		8-12-25				

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