

City of Danville Animal Control Officer / Public Animal Shelter			ANIMAL CUSTODY RECORD			
ANIMAL ID	41533	CUSTODY DATE MM/DD/YY	8-13-25	TIME	2:45	AM PM
REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine		DAHS	
<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		
[REDACTED]				Not Friendly At All		
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk		
<input type="checkbox"/> Feline	Terrier	Tan/BLACK	Approximate AGE: 3		<input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 15		<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	None	Scan: 8-13-25 Scan 8-13-25 None Det		
CUSTODY RECORD PREPARED BY						
Signature: [REDACTED]			DATE: (MM/DD/YY) 8-13-25			
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: [REDACTED]						
DISPOSITION OF ANIMAL <i>Transfer</i> HOLDING PERIOD EXPIRES ON (Date): 8-14-25						
DATE: (MM/DD/YY) 8-18-25		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
				Hemelwood Traco 8-18-25		

Did you contact another shelter? *yes*

Why did they decline to accept?  
*Call to place they were full*