

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41541 CUSTODY DATE: 8.13.25 TIME: 600 AM
 PM

REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DATHC
<input type="checkbox"/> Transfer from Another Releasing Agency Name: _____		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other: _____	

OWNER'S NAME & ADDRESS (If known)	ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	<u>Pitt Bull Shepherd</u>	<u>Tan/w/wh</u>	Approximate AGE: <u>5</u> <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO Approximate WEIGHT: <u>20</u> <input checked="" type="checkbox"/> 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)
<u>none</u>	<u>none</u>	<u>none</u>	<u>none</u>	Scan: <u>8-13-25</u> Scan: <u>8-14-25</u> <u>none dock</u>

CUSTODY RECORD PREPARED BY

Signature: 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: _____

DISPOSITION OF ANIMAL transfer HOLDING PERIOD EXPIRES ON (Date): 8-20-25

DATE: (MM/DD/YY) 8-25-25 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
				<u>Homebased Trans 8/25/25</u>		

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