

**City of Danville**  
Animal Control Officer / Public Animal Shelter

**ANIMAL CUSTODY RECORD**

ANIMAL ID: 41547 CUSTODY DATE: 8-14-25 TIME: 3 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	DASH
<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
[REDACTED]	Can't Keep

ANIMAL DESCRIPTION			
SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Y</span> <input type="checkbox"/> N <input type="checkbox"/> Unk
<input type="checkbox"/> Feline	Dogs	BLACK	Approximate AGE: <u>2</u> <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: <u>2</u> <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: <u>8-14-25</u> Scan: <u>81525</u> None Det

**CUSTODY RECORD PREPARED BY**

Signature: [REDACTED] DATE: (MM/DD/YY) 8-14-25

**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** Transf HOLDING PERIOD EXPIRES ON (Date): 8-15-25

DATE: (MM/DD/YY) 8-19-25 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
				Homecare 8/20/25		

Did you contact another shelter? NO Why did they decline to accept?