

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

**ANIMAL CUSTODY RECORD**

<b>ANIMAL ID</b>	41568	<b>CUSTODY DATE</b> MM/DD/YY	8-16-25	<b>TIME</b>	6:15	AM <input checked="" type="radio"/> 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
<input type="checkbox"/> Transfer from Another Releasing Agency Name: _____		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other: _____

<b>OWNER'S NAME &amp; ADDRESS (if known)</b>	<b>ADDITIONAL INFORMATION</b>

**ANIMAL DESCRIPTION**

<b>SPECIES</b>	<b>BREED</b>	<b>COLOR / MARKINGS</b>	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Pit Hound X	tan/Blk	Approximate AGE: 2	<input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
			Approximate WEIGHT: 4	<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)
None	None	None	None	Scan: 8-16-25 Scan: 8-20-25 No chipt

**CUSTODY RECORD PREPARED BY**

Signature: \_\_\_\_\_ DATE: (MM/DD/YY) 8-16-25

**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** *Euth* **HOLDING PERIOD EXPIRES ON (Date):** 8-23-25

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
		8-25-25				

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