

City of Danville  
Animal Control Officer / Public Animal Shelter

### ANIMAL CUSTODY RECORD

ANIMAL ID

41576

CUSTODY DATE  
MM/DD/YY

8-18-25

TIME

12:21

AM  
PM

#### REASON FOR CUSTODY (mark appropriate box)

#### LOCATION WHERE CUSTODY WAS TAKEN

Stray / At Large    Owner Surrender    Seized    Bite Case Quarantine

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

DAHS

#### OWNER'S NAME & ADDRESS (if known)

#### ADDITIONAL INFORMATION

4233 Lovel Run Rd  
Hurt

#### ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX:  Male  Female   Altered: Y N Unk

Feline  
 Canine

Pit

BROWN  
Tan

Approximate AGE: 3    YR    MO

Approximate WEIGHT: - 25    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: 8-18-25  
Scan 8-25-25  
None Det.

#### CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

8-18-25

#### 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): 8-25-25

DATE: (MM/DD/YY)

8-28-25

FINAL MICROCHIP SCAN PERFORMED BY (Initials)

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

8-28-25

Did you contact another shelter? *yes*

Why did they decline to accept? *P.C. - Full was told to bring to Danville*