

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID 41623 **CUSTODY DATE** MM/DD/YY 8-22-25 **TIME** 1:30 **AM**
PM

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large
 Owner Surrender
 Seized
 Bite Case Quarantine

Transfer from Another Releasing Agency
 Virginia
 Other:

Name: Out-of-State

LOCATION WHERE CUSTODY WAS TAKEN

[REDACTED]

OWNER'S NAME & ADDRESS (if known)

[REDACTED]

ADDITIONAL INFORMATION

[REDACTED]

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Altered <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk
<input type="checkbox"/> Feline	P.H	Blk/white	Approximate AGE: 8 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
<input checked="" type="checkbox"/> Canine			Approximate WEIGHT: 55 <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 [REDACTED] Scan 8-25-25 8-22-25

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] DATE: (MM/DD/YY) 8-22-25

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 returned to me, I will contact the shelter within 30 days of the date of surrender.

SIGNATURE: [REDACTED]

DISPOSITION OF ANIMAL euth **HOLDING PERIOD EXPIRES ON (DATE)** 0-23-25

DATE: (MM/DD/YY) 8-28-25 **FINAL MICROCHIP SCAN PERFORMED BY** [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
		8-28-25				

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