

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41641 CUSTODY DATE: 8/24/25 TIME: 10:10 (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	DAHS	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input checked="" type="checkbox"/> Virginia			
Name: _____				<input type="checkbox"/> Out-of-State	

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	couldn't keep, not enough room
[REDACTED]	[REDACTED]

ANIMAL DESCRIPTION				
SPECIES	BREED	COLOR / MARKINGS	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"/>	boxer/ collie x	black/wht	Approximate AGE: <u>3</u> <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO	Approximate WEIGHT: <input 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: <u>8/24/25</u> Scan: <u>8-25-25</u> none detected

CUSTODY RECORD PREPARED BY

Signature: _____ DATE: (MM/DD/YY) 8/24/25

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 HOLDING PERIOD EXPIRES ON (DATE): 8-25-25

DATE: (MM/DD/YY) 9-16-25 TOOK TO A MC 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
	9-8-25					

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