

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

**ANIMAL CUSTODY RECORD**

**ANIMAL ID** 41463      **CUSTODY DATE** 8-26-25      **TIME** 12:45 **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**

Unknown      [Redacted] Atoms VA

**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Hound	Tan White		
			Approximate AGE: 3 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	
			Approximate WEIGHT: 30 <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	914 Flea	Scan: 8-26-25 Scan: 9-1-25 None Det.

**CUSTODY RECORD PREPARED BY**

[Redacted]      **DATE: (MMDDYY)** 8-26-25

**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):** 9-7-25

**DATE: (MMDDYY)** 9-9-25      **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
		9-9-25				

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