


City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID	41697	CUSTODY DATE MM/DD/YY	8-29-25	TIME	12:30	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	DASH	
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:		
Name:		<input type="checkbox"/> Out-of-State			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	 "Thex"

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk	
<input checked="" type="checkbox"/> Canine	Terrier	Blk / Whit spot	Approximate AGE: 3	<input type="checkbox"/> YR	<input checked="" type="checkbox"/> MO
<input type="checkbox"/>	Mix		Approximate WEIGHT: 15	<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:	8-29-25
				Scan:	9-1-25
					None

CUSTODY RECORD PREPARED BY	
Signature: 	DATE: (MM/DD/YY) 8-29-25

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): 9-5-26
------------------------------	---

DATE: (MM/DD/YY)	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

Did you contact another shelter?

Why did they decline to accept?