

Euthanasia Checklist

Euthanasia Date 7-3-25 ID # 40119

Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]

Oral (strength      mg) # of tablets       
Inj. 10mg/ml 128 ml Route: IM

Sodium Pen (Fatal Plus) Initials [Redacted]  
1.5 ml Route: IV YJP

Determination of Death

5 minutes post injection

- Lack of heartbeat-stethoscope (Initials) [Redacted]
- Lack of heartbeat-palpitation (Initials)
- Lack of respiration-stethoscope (Initials)
- Lack of respiration-palpitation (Initials)
- Lack of respiration-visual (Initials)
- Lack of corneal reflex (Initials)
- Lack of toe-pinch reflex (Initials)
- Capillary refill (Initials)

30 minutes post injection

- Lack of heartbeat-stethoscope (Initials) [Redacted]
- Lack of heartbeat-palpitation (Initials)
- Lack of respiration-stethoscope (Initials)
- Lack of respiration-palpitation (Initials)
- Lack of respiration-visual (Initials)
- Lack of corneal reflex (Initials)
- Lack of toe-pinch reflex (Initials)
- Lack of capillary refill (Initials)

*Respiratory*

TIME 3:55 AM/PM CUSTODY DATE 4-12-25 I.D. Case/No. 40119

REASON FOR CUSTODY (mark appropriate box)						LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other	<u>DASH</u>
	<input checked="" type="checkbox"/>					

OWNER'S NAME & ADDRESS (if known) \_\_\_\_\_ ADDITIONAL INFORMATION \_\_\_\_\_  
 Telephone: \_\_\_\_\_

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
<u>Feline</u>	<u>DSH</u>	<u>Calico</u>	<u>F</u>	<u>6wks</u>	<u>1#</u>	

ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")				
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATTOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
<u>none</u>	<u>none</u>	<u>none</u>	<u>none</u>	<u>non det</u>

CUSTODY RECORD PREPARED BY	DATE
<u>[Redacted]</u>	<u>4-12-25</u>
DISPOSITION OF ANIMAL	DATE
<u> euth </u>	<u>7-3-25</u>

This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding this form may be directed to the Office of the State Veterinarian, (804) 781-2222, Richmond, VA 23218.

Name [Redacted] Date 04-12-25  
 Address [Redacted] Telephone [Redacted]

Characteristics: Good with children  Lived Inside/Outside Housebroken  
 Disposition                      Health                      Gets along well with other pets                       
 Did you contact another shelter about this animal?                      Why did they decline to accept?                       
 Has the animal bitten or scratched a person or animal within the past 10 days?                     

**STATEMENTS OF SURRENDER**

I do not own the above described animal and I relinquish custody to the Danville Area Humane Society.

Signature \_\_\_\_\_

Or

- I am the rightful owner of the above-described animal, and I surrender all property rights in such animal. No other person has a right of property in the animal. I acknowledge the animal may be immediately euthanized or disposed of in accordance with 3.2-6546, subsection D, subdivisions 1 through 5. When possible, the Danville Area Humane Society will keep owner-released animals for 24 hours before allowing them to be adopted. I acknowledge that may not be possible in all cases, and I also acknowledge that I will be required to follow the adoption policies and procedures if I decide I want the above-described animal back.

X Signature [Redacted]