

Euthanasia Checklist

Euthanasia Date 7-23-25 ID # 40912 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]
Oral (strength mg) # of tablets
Inj. 10mg/ml 10 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted]
1/2 ml Route: IV X-IP

Determination of Death

5 minutes post injection

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

30 minutes post injection

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

City of Danville Animal Control Officer / Public Animal Shelter				ANIMAL CUSTODY RECORD			
ANIMAL ID 40912	CUSTODY DATE MM/DD/YY 6/16/25			TIME 12:05	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	Dalls			
<input type="checkbox"/> Transfer from Another Releasing Agency Name:	<input checked="" type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:					
OWNER'S NAME & ADDRESS (if known)				ADDITIONAL INFORMATION			
[Redacted] Chatham, Virginia				June			
ANIMAL DESCRIPTION							
SPECIES <input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	BREED IDLA	COLOR / MARKINGS Black/white	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y N Unk	Approximate AGE: 8wks <input type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 7# <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	None	Scan: 6-16-25 Scan: 6-18-25 none			
CUSTODY RECORD PREPARED BY							
Signature: [Redacted]				DATE: (MM/DD/YY) 6-16-25			
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): 6-23-25			
DATE: (MM/DD/YY) 7-23-25				FINAL MICROCHIP SCAN PERFORMED BY (Initial): [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	
		7-23-25					

Did you contact another shelter?

Why did they decline to accept?