


Euthanasia Checklist

Euthanasia Date 7-1-25 ID # 46915  Custody verified (Initials)

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

Sodium Pen (Fatal Plus) Initials  ml Route: IV IP

Determination of Death

5 minutes post injection

- Lack of heartbeat-stethoscope (Initials)
- 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)

30 minutes post injection

- Lack of heartbeat-stethoscope (Initials)
- 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)

City of Danville Animal Control Officer / Public Animal Shelter	ANIMAL CUSTODY RECORD
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ANIMAL ID	40915	CUSTODY DATE MM/DD/YY	6-16-25	TIME	12:05	AM PM
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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	DASH		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia				
Name:		<input type="checkbox"/> Out-of-State				

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
	To many to keep back

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y N Unk	
<input checked="" type="checkbox"/> Feline	DSH	Blk-white	Approximate AGE: 8WKS <input type="checkbox"/> YR <input type="checkbox"/> MO		
<input type="checkbox"/> Canine			Approximate WEIGHT: 2 <input checked="" type="checkbox"/> LB		
<input type="checkbox"/>			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:	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): 6-17-25
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DATE: (MM/DD/YY) 7-1-25	FINAL MICROCHIP SCAN PERFORMED BY (Initial):
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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
		7-1-25				

Did you contact another shelter?

Why did they decline to accept?