

Euthanasia Checklist

Euthanasia Date 7-3-25 ID # 40968 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]  
Oral (strength      mg) # of tablets       
Inj. 10mg/ml 20 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted]  
1.5 ml Route: IV YIP

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

40968

CUSTODY DATE  
MM/DD/YY

6-21-25

TIME

2:30

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

DASH

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	PSH	orange white	Approximate AGE: 3mths <input type="checkbox"/> YR <input type="checkbox"/> MO	Approximate WEIGHT: 4 <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: 6-21-25 Scan: 6-22-25 none

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

6-21-25

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):

6-28-25

DATE: (MM/DD/YY)

7-3-25

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
		1-3-25				

Did you contact another shelter? NO

Why did they decline to accept?