

Euthanasia Checklist

Euthanasia Date 7-3-25 ID # 40991 Custody verified (Initials) \_\_\_\_\_

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

Sodium Pen (Fatal Plus) Initials \_\_\_\_\_  
1.5 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) \_\_\_\_\_

6/25/26

**City of Danville**  
Animal Control Officer / Public Animal Shelter

**ANIMAL CUSTODY RECORD**

ANIMAL ID: 40991 CUSTODY DATE: 6-25-25 TIME: 12:35 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**

CIT

**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline	<u>DSH</u>	<u>gray tabby</u>	Approximate AGE: <u>2 1/2</u>	<input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: <u>2</u>	<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)
<u>none</u>	<u>none</u>	<u>none</u>	<u>none</u>	Scan: <u>6-25-25</u> Scan: <u>7-1-25</u> <u>none</u>

**CUSTODY RECORD PREPARED BY**

Signature: \_\_\_\_\_ DATE: (MM/DD/YY) 6-25-25

**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): 7-2-25

DATE: (MM/DD/YY) 7-3-25 FINAL MICROCHIP SCAN PERFORMED BY (Initial): \_\_\_\_\_

Returned to Owner	Adopted	Euthanized	Diéd in Custody	Transferred to Another Virginia Releasing Agency (name of agency)	Transferred to Out-of-State Releasing Agency (name of agency)	Other
		<u>7-3-25</u> <input checked="" type="checkbox"/>				

Did you contact another shelter? NO

Why did they decline to accept?