

A 40995

Euthanasia Checklist

Euthanasia Date 7-3-25 ID # 410995 Custody verified (Initials) AC

Sedative: Acepromazine (Initials) [REDACTED]

Oral (strength mg) # of tablets

Inj. 10mg/ml .10 ml Route: IM

Sodium Pen (Fatal Plus) Initials [REDACTED]

1.5 ml Route: IV 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

40995

CUSTODY DATE
MM/DD/YY

6-25-25

TIME

147

AM
PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

Stray / At Large Owner Surrender Seized Bite Case Quarantine

shelter

Transfer from Another Releasing Agency Virginia Other:
Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Cain Creek

ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Canine

DSH

Blk

Approximate AGE: 6 wks YR MO

Approximate WEIGHT: 14 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)

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Scan: 6-25-25
Scan: 7-3-25
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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

Died in Custody

Transferred to Another Virginia Releasing Agency (name of agency)

Transferred to Out-of-State Releasing Agency (name of agency)

Other

7-3-25

Did you contact another shelter?

NO

Why did they decline to accept?