

Euthanasia Checklist

Euthanasia Date 7-1-85 ID # 40996 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]

Oral (strength mg) # of tablets

Inj. 10mg/ml .75 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted]
9 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 40996 **CUSTODY DATE** MM/DD/YY 6-25-25 **TIME** 2:00 PM AM

| 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 | Shelb |
| <input type="checkbox"/> Transfer from Another Releasing Agency Name: _____ | | <input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State | <input type="checkbox"/> Other: _____ | |

| OWNER'S NAME & ADDRESS (if known) | ADDITIONAL INFORMATION |
|-----------------------------------|-------------------------|
| [REDACTED] | Ginger Town & County |

| ANIMAL DESCRIPTION | | | | |
|--|-------|------------------|---|---|
| SPECIES | BREED | COLOR / MARKINGS | SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | Altered: <input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> Unk |
| <input checked="" type="checkbox"/> Feline | DSH | Orange & white | Approximate AGE: 5 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO | |
| <input type="checkbox"/> Canine | | | Approximate WEIGHT: 10 <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) |
| ~ | ~ | ~ | ~ | Scan: 6-25-25 Scan: 6-26-25 now dead |

CUSTODY RECORD PREPARED BY

Signature: [REDACTED] 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: [REDACTED]

DISPOSITION OF ANIMAL HOLDING PERIOD EXPIRES ON (Date): 6-26-25

DATE: (MM/DD/YY) 7-1-25 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 |
|-------------------|---------|------------|-----------------|---|---|-------|
| | | 7-1-25 | | | | |

Did you contact another shelter? Why did they decline to accept?