

Euthanasia Checklist

Euthanasia Date 10-30-25 ID # 41012

Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]

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

Sodium Pen (Fatal Plus) Initials [Redacted]  
1 ml Route: IV  IP

Determination of Death

5 minutes post injection

- Lack of heartbeat-stethoscope (Initials) [Redacted]
- 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) [Redacted]

30 minutes post injection

- Lack of heartbeat-stethoscope (Initials) [Redacted]
- 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) [Redacted]

City of Danville  
Animal Control Officer / Public Animal Shelter

### ANIMAL CUSTODY RECORD

ANIMAL ID	41012	CUSTODY DATE MM/DD/YY	6-26-25	TIME	4:39	AM PM
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<b>REASON FOR CUSTODY (mark appropriate box)</b>				<b>LOCATION WHERE CUSTODY WAS TAKEN</b>	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	Shelter	
<input type="checkbox"/> Transfer from Another Releasing Agency	<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
Name:		<input type="checkbox"/> Out-of-State			

<b>OWNER'S NAME &amp; ADDRESS (if known)</b>	<b>ADDITIONAL INFORMATION</b>
[Redacted]	Can't keep

<b>ANIMAL DESCRIPTION</b>				
<b>SPECIES</b>	<b>BREED</b>	<b>COLOR / MARKINGS</b>	<b>SEX:</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<b>Altered:</b> Y N Unk
<input checked="" type="checkbox"/> Feline	DCH	DK	Approximate AGE: 5 wks <input type="checkbox"/> YR <input type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 1# <input type="checkbox"/> LB	
<input type="checkbox"/>			OTHER:	

<b>ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO)</b>				
<b>License Tag (Number - Details)</b>	<b>Rabies Tag (Number - Details)</b>	<b>Tattoo (Describe)</b>	<b>Collar (Describe - Color, Type, etc.)</b>	<b>Microchip or Other Identification (Describe - Details)</b>
~	~	~	~	Scan: 6-26-25 Scan 6-29-25 no number

<b>CUSTODY RECORD PREPARED BY</b>	
Signature: [Redacted]	DATE: (MM/DD/YY) 6-26-25

<b>RIGHTFUL OWNER SURRENDER STATEMENT</b>	
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]	

<b>DISPOSITION OF ANIMAL</b>	<b>HOLDING PERIOD EXPIRES ON (date):</b> 6-30-25
<b>DATE: (MM/DD/YY)</b> 6-30-25	<b>FINAL MICROCHIP SCAN PERFORMED BY (Initial):</b> [Redacted]

<b>Returned to Owner</b>	<b>Adopted</b>	<b>Euthanized</b>	<b>Died in Custody</b>	<b>Transferred to Another Virginia Releasing Agency (name of agency)</b>	<b>Transferred to Out-of-State Releasing Agency (name of agency)</b>	<b>Other</b>
		6-30-25				

Did you contact another shelter? no

Why did they decline to accept?