

Euthanasia Checklist

Euthanasia Date 7-3-25 ID # 41016 Custody verified (Initials) \_\_\_\_\_

Sedative: Acepromazine (Initials) \_\_\_\_\_ mg # of tablets \_\_\_\_\_  
Oral (strength) \_\_\_\_\_ mg # of tablets \_\_\_\_\_  
Inj. 10mg/ml 30 ml Route: IM

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

Date

<b>City of Danville</b> <b>Animal Control Officer / Public Animal Shelter</b>			<b>ANIMAL CUSTODY RECORD</b>			
<b>ANIMAL ID</b> 41016	<b>CUSTODY DATE</b> MM/DD/YY 6-24-25		<b>TIME</b> 9:00	<input checked="" type="radio"/> AM <input type="radio"/> PM		
<b>REASON FOR CUSTODY (mark appropriate box)</b>			<b>LOCATION WHERE CUSTODY WAS TAKEN</b>			
<input checked="" type="checkbox"/> Stray / At Large			<input type="checkbox"/> Owner Surrender			
<input type="checkbox"/> Seized			<input type="checkbox"/> Bite Case Quarantine			
<input type="checkbox"/> Transfer from Another Releasing Agency Name:		<input type="checkbox"/> Virginia <input type="checkbox"/> Out-of-State	<input type="checkbox"/> Other:			
<b>OWNER'S NAME &amp; ADDRESS (if known)</b>			<b>ADDITIONAL INFORMATION</b> DAHS			
<b>ANIMAL DESCRIPTION</b>						
<b>SPECIES</b> <input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	<b>BREED</b> DSH	<b>COLOR / MARKINGS</b> gray	<b>SEX:</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y <input checked="" type="radio"/> N <input type="radio"/> Unk	Approximate AGE: 2 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: 6 <input checked="" type="checkbox"/> LB		
OTHER:						
<b>ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO)</b>						
<b>License Tag</b> (Number - Details)	<b>Rabies Tag</b> (Number - Details)	<b>Tattoo</b> (Describe)	<b>Collar</b> (Describe - Color, Type, etc.)	<b>Microchip or Other Identification</b> (Describe - Details)		
None	None	None	None	Scan: 6-24-25 Scan: 6-25-25 None		
<b>CUSTODY RECORD PREPARED BY</b>						
Signature:			DATE: (MM/DD/YY) 6-24-25			
<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:						
<b>DISPOSITION OF ANIMAL</b>			<b>HOLDING PERIOD EXPIRES ON (Date):</b> 7-1-25			
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?