

Euthanasia Checklist

Euthanasia Date 7.14.25 ID # 41019 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]  
Oral (strength        mg) # of tablets         
Inj. 10mg/ml .25 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted]  
   } 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) [redacted]
- 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	41019	CUSTODY DATE MM/DD/YY	6-27-25	TIME	12:30	AM PM
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#### 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

PAHS

#### OWNER'S NAME & ADDRESS (if known)

#### ADDITIONAL INFORMATION

[Redacted Owner Name & Address]

[Redacted Additional Information]

#### ANIMAL DESCRIPTION

KYA

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	Tort	Approximate AGE: 1yr	<input type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 6	<input 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)
none	none	none	none	Scan: 6-27-25 Scan 6-30-25 noneDet

#### CUSTODY RECORD PREPARED BY

Signature: [Redacted]      DATE: (MM/DD/YY) 6/27/25

#### 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: Euth      HOLDING PERIOD EXPIRES ON (Date): 6-28-25

DATE: (MM/DD/YY) 7-14-25      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
		7-14-25				

Did you contact another shelter?

Why did they decline to accept?