

Euthanasia Checklist

Euthanasia Date 7-3-25 ID # 41621 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]
3 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
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ANIMAL ID	41021	CUSTODY DATE MM/DD/YY	6-28-25	TIME	8	AM PM
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REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DARTS		
<input type="checkbox"/> Transfer from Another Releasing Agency		<input type="checkbox"/> Virginia	<input type="checkbox"/> Other:			
Name:		<input type="checkbox"/> Out-of-State				

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	Broken front leg -

ANIMAL DESCRIPTION					
SPECIES	BREED	COLOR / MARKINGS	SEX:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline	DSH	white	Approximate AGE: 8wk - <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO		
<input type="checkbox"/> Canine			Approximate WEIGHT: 2 <input checked="" type="checkbox"/> LB		
<input type="checkbox"/>			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: 6-28-25 Scan: 6-24-25 not detected

CUSTODY RECORD PREPARED BY	
Signature: [REDACTED]	DATE: (MM/DD/YY) 6-28-25

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): 7-5-25
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DATE: (MM/DD/YY) 7-3-25	FINAL MICROCHIP SCAN PERFORMED BY (Initial): [REDACTED]
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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?