

Euthanasia Checklist

Euthanasia Date 7-3-85 ID # 41030 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]
Oral (strength mg) # of tablets
Inj. 10mg/ml 1.35 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted] ml Route: IV XIP

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 41030 **CUSTODY DATE** MM/DD/YY 6-28-25 **TIME** 1:45 **AM** **PM**

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

DAHS

OWNER'S NAME & ADDRESS (if known) **ADDITIONAL INFORMATION**

[REDACTED]

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			Approximate AGE: 4	<input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
<input type="checkbox"/> Canine			Approximate WEIGHT: 7	<input checked="" type="checkbox"/> LB
<input type="checkbox"/>	DSH	Blk White	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: 6-29-25 not det.

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: [REDACTED]

DISPOSITION OF ANIMAL **HOLDING PERIOD EXPIRES ON (Date):** 6-29-25

DATE: (MM/DD/YY) 7-3-25 **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
		7-3-25 X				

Did you contact another shelter? NO **Why did they decline to accept?**