

Euthanasia Checklist

Euthanasia Date 6/30/25 ID # 41040 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted] # of tablets 9
Oral (strength) [redacted] mg 45 ml Route: IM
Inj. 10mg/ml [redacted] ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted] ml Route: IV 4 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

ANIMAL ID: 41040 CUSTODY DATE: 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 Area]

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 <input type="checkbox"/> Canine <input type="checkbox"/>	<u>DSH</u>	<u>dil tort</u>	Approximate AGE: <u>3</u> <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO Approximate WEIGHT: <u>9</u> <input checked="" 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)
<u>none</u>	<u>none</u>	<u>none</u>	<u>none</u>	Scan: <u>6-28-25</u> Scan: <u>6-29-25</u> <u>not detected!</u>

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) 6-30-25 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
		<u>6-30-25</u> <input checked="" type="checkbox"/>				

Did you contact another shelter? **Why did they decline to accept?**