

Euthanasia Checklist

Euthanasia Date 7-3-25 ID # 41041 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]
Oral (strength mg) # of tablets
Inj. 10mg/ml 20 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted]
1.5 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

41041

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

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Altered: Y N Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	DSH	Blk/white	Approximate AGE: 3 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO	Approximate WEIGHT: 3 <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: 6-28-25 Scan: 6-29-25 none

CUSTODY RECORD PREPARED BY

Signature:

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): 6-29-25

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 Y				

Did you contact another shelter? NO

Why did they decline to accept?