

Euthanasia Checklist

Euthanasia Date 7-3-25 ID # 41042 Custody verified (Initials) [redacted]

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

Sodium Pen (Fatal Plus) Initial [redacted] _____
1.5 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

ANIMAL ID	41042	CUSTODY DATE MM/DD/YY	6-28-25	TIME	1:45	AM PM
-----------	-------	--------------------------	---------	------	------	----------

REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN	
<input type="checkbox"/> Stray / At Large	<input checked="" type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	D.A.H.S.	
<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]	

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	D SH	grey	Approximate AGE: 3 <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO	
<input type="checkbox"/> Canine			Approximate WEIGHT: 3 <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: 6-29-25 none

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
		13625				

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