

Euthanasia Checklist

Euthanasia Date 7-14-25 ID # 41047 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted] # of tablets \_\_\_\_\_  
Oral (strength      mg) \_\_\_\_\_  
Inj. 10mg/ml 25 ml Route: IM

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

Determination of Death

- 5 minutes post injection
  - Lack of heartbeat-stethoscope (Initials) [redacted]
  - Lack of heartbeat-palpitation (Initials) \_\_\_\_\_
  - Lack of respiration-stethoscope (Initials) \_\_\_\_\_
  - Lack of respiration-palpitation (Initials) \_\_\_\_\_
  - Lack of respiration-visual (Initials) \_\_\_\_\_
  - Lack of corneal reflex (Initials) \_\_\_\_\_
  - Lack of toe-pinch reflex (Initials) \_\_\_\_\_
  - Lack of capillary refill (Initials) \_\_\_\_\_
- 30 minutes post injection
  - Lack of heartbeat-stethoscope (Initials) [redacted]
  - Lack of heartbeat-palpitation (Initials) \_\_\_\_\_
  - Lack of respiration-stethoscope (Initials) \_\_\_\_\_
  - Lack of respiration-palpitation (Initials) \_\_\_\_\_
  - Lack of respiration-visual (Initials) \_\_\_\_\_
  - Lack of corneal reflex (Initials) \_\_\_\_\_
  - Lack of toe-pinch reflex (Initials) \_\_\_\_\_
  - Lack of capillary refill (Initials) \_\_\_\_\_

City of Danville  
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID

41049

CUSTODY DATE  
MM/DD/YY

6-30-25

TIME

120

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  Female Altered: Y N Unk

Feline  
 Canine

DSH

gray tab

Approximate AGE: 8 wks  YR  MO

Approximate WEIGHT: 1  LB

OTHER:

Daisy

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: 6-30-25  
Scan: 7-2-25  
No Chip

CUSTODY RECORD PREPARED BY

Signature:

DATE: (MM/DD/YY)

6-30-25

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 Euth

HOLDING PERIOD EXPIRES ON (Date): 7-12-25

DATE: (MM/DD/YY) 7-12-25

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

7-12-25

Did you contact another shelter? yes

Why did they decline to accept? Don't take cats or kittens