

Euthanasia Checklist

Euthanasia Date 7-8-25 ID # 40816 Custody verified (Initials) [Redacted]

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

Sodium Pen (Fatal Plus) Initials [Redacted] \_\_\_\_\_  
1/2 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]

*Handwritten signature: W. P. Anderson*

<b>Danville Police Department</b> Animal Control Unit (434) 548-3017	<b>ANIMAL CUSTODY RECORD</b> <i>This form includes all mandated information as required by 53.1-796.105.B of the Code of Virginia.</i>
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CASE NO.	40816	CUSTODY DATE	6/5/25	TIME	1:58 AM <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">PM</span>
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REASON FOR CUSTODY (mark appropriate box)					LOCATION WHERE CUSTODY WAS TAKEN
Stray	Owner Surrender	Seized	Bite Case	Transfer from other locality/facility	Other
		1			

OWNER'S NAME & ADDRESS (if known)	ADDITIONAL INFORMATION
[REDACTED]	Seized Parvo
Telephone:	

ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR/MARKINGS	SEX	APPROX. AGE	APPROX. WEIGHT	OTHER
kg	Kround Mix	Dark / brown	F	Swk	6lbs	NONE

ANIMAL IDENTIFICATION (complete all that apply, or indicate "none")				
CITY/COUNTY LICENSE NUMBER	RABIES TAG NUMBER	TATOO	COLLAR (Color, type, etc.)	OTHER IDENTIFICATION (specify)
NONE	NONE	NONE	NONE	NONE <span style="float: right; font-size: small;">6-5-25 6-9-25 7-8-25</span>

CUSTODY RECORD PREPARED BY	DATE
[REDACTED]	6/5/25
SIGNATURE & TITLE	

DISPOSITION OF ANIMAL	DATE
Euth	7-8-25

*This form may be used by animal control officers, custodians of any pound or shelter, representatives of a humane society, or humane investigators to record and maintain the information required by 53.1-796.105.B of the Code of Virginia. This record shall be maintained for at least five years, and must be made available for public inspection upon request. Information on this form is to be summarized and submitted annually to the State Veterinarian in the prescribed format. Questions regarding the use of this form may be directed to the Office of the State Veterinarian, (804) 786-2483, P.O. Box 1163, Richmond, Virginia 23218.*