

Euthanasia Checklist

Euthanasia Date 7-8-85 ID # 40994 Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]  
Oral (strength          mg) # of tablets 64  
Inj. 10mg/ml 3.20 ml Route: IM

Sodium Pen (Fatal Plus) Initials [Redacted]  
7 1/2 ml Route: IV IP



Determination of Death

5 minutes post injection

- Lack of heartbeat-stethoscope (Initials) \_\_\_\_\_
- 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) \_\_\_\_\_
- 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	40994	CUSTODY DATE MM/DD/YY	6-25-25	TIME	10:00	AM <input checked="" type="radio"/> PM
REASON FOR CUSTODY (mark appropriate box)				LOCATION WHERE CUSTODY WAS TAKEN		
<input checked="" type="checkbox"/> Stray / At Large	<input type="checkbox"/> Owner Surrender	<input type="checkbox"/> Seized	<input type="checkbox"/> Bite Case Quarantine	DASH		
<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			
unknown						
ANIMAL DESCRIPTION						
SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input type="checkbox"/> N <input checked="" type="radio"/> Unk		
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	Sheep Chows	Tan white	Approximate AGE:	2 <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO		
			Approximate WEIGHT:	60 <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)		
none	none	none	Blue	Scan: 6-25-25	Scan: 6-24-25	none
CUSTODY RECORD PREPARED BY						
Signature:			DATE: (MM/DD/YY)			
			6-25-25			
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): 7-7-25			
DATE: (MM/DD/YY)		FINAL MICROCHIP SCAN PERFORMED BY (Initial):				
7-8-25						
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
		7-8-25				

Did you contact another shelter?

Why did they decline to accept?