

Euthanasia Checklist

Euthanasia Date 7-1-25 ID # 40998 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted] mg # of tablets \_\_\_\_\_  
Oral (strength) \_\_\_\_\_ mg # of tablets \_\_\_\_\_  
Inj. 10mg/ml .40 ml Route: IM

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

Determination of Death

5 minutes post injection	30 minutes post injection
Lack of heartbeat-stethoscope (Initials) <u>[redacted]</u>	Lack of heartbeat-stethoscope (Initials) <u>[redacted]</u>
Lack of heartbeat-palpitation (Initials) _____	Lack of heartbeat-palpitation (Initials) _____
Lack of respiration-stethoscope (Initials) _____	Lack of respiration-stethoscope (Initials) _____
Lack of respiration-palpitation (Initials) _____	Lack of respiration-palpitation (Initials) _____
Lack of respiration-visual (Initials) _____	Lack of respiration-visual (Initials) _____
Lack of corneal reflex (Initials) _____	Lack of corneal reflex (Initials) _____
Lack of toe-pinch reflex (Initials) <u>[redacted]</u>	Lack of toe-pinch reflex (Initials) <u>[redacted]</u>
Lack of capillary refill (Initials) <u>[redacted]</u>	Lack of capillary refill (Initials) <u>[redacted]</u>

City of Danville  
Animal Control Officer / Public Animal Shelter

### ANIMAL CUSTODY RECORD

ANIMAL ID

40998

CUSTODY DATE  
MM/DD/YY

6-25-25

TIME

3:47

AM  
PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

Stray / At Large

Owner Surrender

Seized

Bite Case Quarantine

Shelb

Transfer from Another Releasing Agency

Virginia

Other:

Name:

Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



Parvo

#### ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX:  Male  Female Altered: Y N Unk

Feline

Canine

Purebreds

White / Blue

Approximate AGE: 10 wks  YR  MO

Approximate WEIGHT: 44  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)

no

no

no

no

Scan: 6-25-25  
Scan: 6-27-25  
no microchip

CUSTODY RECORD PREPARED BY

Signature:



DATE: (MM/DD/YY)

6-25-25

RIGHTFUL OWNER SURRENDER STATEMENT

6-26-25

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):

DATE: (MM/DD/YY)

7-1-25

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

7-1-25

Did you contact another shelter?

Why did they decline to accept?