

Euthanasia Checklist

Euthanasia Date 7-1-25 ID # 40999 Custody verified (Initials) [REDACTED]

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

Sodium Pen (Fatal Plus) Initials [REDACTED] ml Route: IV X-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

40925

CUSTODY DATE
MM/DD/YY

6-25-25

TIME

347

AM
PM

REASON FOR CUSTODY (mark appropriate box)

LOCATION WHERE CUSTODY WAS TAKEN

Stray / At Large Owner Surrender Seized Bite Case Quarantine

shel

Transfer from Another Releasing Agency Virginia Other:

Name: Out-of-State

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION



ANIMAL DESCRIPTION

SPECIES

BREED

COLOR / MARKINGS

SEX: Male Female Altered: Y N Unk

Feline

Pyrenees

wt/bw

Approximate AGE: 10wk YR MO

Canine

~~Pyrenees~~

Approximate WEIGHT: 44 LB OZ

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)

nsu

nsu

nsu

nsu

Scan: 6-25-25
Scan: 6-26-25
no details

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): 6-26-25

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?