

Euthanasia Checklist

Euthanasia Date 7-1-25 ID # 41000 Custody verified (Initials) [redacted]

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

Sodium Pen (Fatal Plus) Initial [redacted]  
7 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]

**City of Danville**  
Animal Control Officer / Public Animal Shelter

**ANIMAL CUSTODY RECORD**

ANIMAL ID: 41000      CUSTODY DATE: 6-25-25      TIME: 347      AM/PM: PM

**REASON FOR CUSTODY (mark appropriate box)**

Stray / At Large   
 Owner Surrender   
 Seized   
 Bite Case Quarantine

Transfer from Another Releasing Agency   
 Virginia   
 Other:

Name: \_\_\_\_\_       Out-of-State

**LOCATION WHERE CUSTODY WAS TAKEN**

Shel

**OWNER'S NAME & ADDRESS (if known)**

[REDACTED]

**ADDITIONAL INFORMATION**

**ANIMAL DESCRIPTION**

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female    Altered: Y N Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine	Pyrenees +	White	Approximate AGE: 10wk <input type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 3H <input 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)
non	non	non	non	Scan: 6-25-25 Scan: 6-26-25 non dete

**CUSTODY RECORD PREPARED BY**

Signature: AJ      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: [REDACTED]

**DISPOSITION OF ANIMAL**      HOLDING PERIOD EXPIRES ON (Date): 6-26-25

DATE: (MM/DD/YY) 7-1-25      FINAL MICROCHIP SCAN PERFORMED BY (Initial): [REDACTED]

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?