

Euthanasia Checklist

Euthanasia Date 7-3-25 ID # 41002

Custody verified (Initials) 

Sedative: Acepromazine (Initials) 



Oral (strength _____ mg) # of tablets _____
Inj. 10mg/ml 1.5 ml Route: IM

Sodium Pen (Fatal Plus) Initials 



4 ml Route: ~~X~~ IV V 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 41002 **CUSTODY DATE** MM/DD/YY 6.25.25 **TIME** 700 AM
 PM

REASON FOR CUSTODY (mark appropriate box) **LOCATION WHERE CUSTODY WAS TAKEN**

Stray / At Large Owner Surrender Seized Bite Case Quarantine

Transfer from Another Releasing Agency Virginia Other:
 Name: Out-of-State

Shelter

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

ANIMAL DESCRIPTION Rosie

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 <input type="checkbox"/>	hound	Tan/W	Approximate AGE: 7. <input type="checkbox"/> YR <input checked="" type="checkbox"/> MO	
			Approximate WEIGHT: 30lb <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)
~	~	~	~	Scan: 6.25.25 Scan: 6-26-25 None detect

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):** 7-3-25

DATE: (MM/DD/YY) 7-3-25 **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
		7-3-25				

Did you contact another shelter? NO **Why did they decline to accept?**