

Euthanasia Checklist

Euthanasia Date 7-3-25 ID # 41007

Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]

Oral (strength mg) # of tablets

Inj. 10mg/ml 2.5 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted]

6 ml Route: X IV IP

Determination of Death

5 minutes post injection

Lack of heartbeat-stethoscope (Initials) [redacted]

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) [redacted]

30 minutes post injection

Lack of heartbeat-stethoscope (Initials) [redacted]

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) [redacted]

Date

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41007 CUSTODY DATE: 6-26-25 TIME: 2:00 AM
 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

DAHS

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

[REDACTED]

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Altered: Y <input checked="" type="radio"/> N <input type="radio"/> Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	<u>Shep^x</u>	<u>Light Tan</u>	Approximate AGE: <u>5</u> <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: <u>50</u> <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)
<u>none</u>	<u>none</u>	<u>none</u>	<u>none</u>	Scan: <u>6-26-25</u> Scan: <u>6-27-25</u> <u>none</u>

CUSTODY RECORD PREPARED BY

Signature: _____ DATE: (MMDDYY) 6-26-25

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: (MMDDYY) 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
		<u>7-3-25</u>				

Did you contact another shelter? no Why did they decline to accept? _____