

Euthanasia Checklist

Custody verified (Initials) \_\_\_\_\_

Euthanasia Date 7-10-25 ID # 41020

Sedative: Acepromazine (Initials) \_\_\_\_\_ # of tablets \_\_\_\_\_  
Oral (strength) \_\_\_\_\_ mg \_\_\_\_\_ ml Route: IM  
Inj. 10mg/ml 3.0 ml \_\_\_\_\_

Sodium Pen (Fatal Plus) Initials \_\_\_\_\_ IV \_\_\_\_\_ IP \_\_\_\_\_  
6 ml Route: IV

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

410 20

CUSTODY DATE  
MM/DD/YY

6-27-25

TIME

1240

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  Unk

Feline

Canine

Great Dane  
Poodle X

Black

Approximate AGE: 9  YR  MO

Approximate WEIGHT: 10#  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

red

Scan: 6-27-25  
Scan 6-28-25  
none detect

**CUSTODY RECORD PREPARED BY**

Signature:

DATE: (MM/DD/YY)

6-27-25

**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 to be euthanized, I will sign the euthanasia procedures.

SIGNATURE

**DISPOSITION OF ANIMAL** Euth

HOLDING PERIOD EXPIRES ON (Date): 6-28-25

DATE: (MM/DD/YY) 7-10-25

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

7-10-25

Did you contact another shelter?

Why did they decline to accept?