

Euthanasia Checklist

Custody verified (Initials) [Redacted]

Euthanasia Date 7-13-25 ID # 41023

Sedative: Acepromazine (Initials) [Redacted] # of tablets \_\_\_\_\_  
Oral (strength) \_\_\_\_\_ mg \_\_\_\_\_ ml Route: IM  
Inj. 10mg/ml 2.50 ml

Sodium Pen (Fatal Plus) Initials \_\_\_\_\_ IP \_\_\_\_\_  
Route: XIV

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 respiration-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 respiration-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

41023

CUSTODY DATE  
MM/DD/YY

6-28-25

TIME

12:20

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

DAHS

OWNER'S NAME & ADDRESS (if known)

ADDITIONAL INFORMATION

Safe keep

#### ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk
<input type="checkbox"/> Feline <input checked="" type="checkbox"/> Canine <input type="checkbox"/>	pit	Blk/white	Approximate AGE: 8	<input type="checkbox"/> YR <input checked="" type="checkbox"/> MO
			Approximate WEIGHT: 30	<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)
None	None	None	None	Scan: 6-28-25 Scan: 7-13-25 not det.

CUSTODY RECORD PREPARED BY

Signature

DATE: (MM/DD/YY)

6-28-25

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): 7-11-25

DATE: (MM/DD/YY) 7-18-25

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
		7-13-25				

Did you contact another shelter?

Why did they decline to accept?