

Euthanasia Checklist

Custody verified (Initials) [redacted]

Euthanasia Date 7-23-26 ID # 41043

Sedative: Acepromazine (Initials) [redacted] # of tablets \_\_\_\_\_  
Oral (strength) \_\_\_\_\_ mg) \_\_\_\_\_ ml Route: IM  
Inj. 10mg/ml 2.15 ml Route: \_\_\_\_\_

Sodium Pen (Fatal Plus) Initials [redacted] \_\_\_\_\_ IP  
6/2 ml Route: XIV \_\_\_\_\_ 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) \_\_\_\_\_

- 30 minutes post injection [redacted] \_\_\_\_\_
- 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: 41043 CUSTODY DATE: 6-28-25 TIME: 3:40 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: DASH

OWNER'S NAME & ADDRESS (if known): [REDACTED]

ADDITIONAL INFORMATION: - Laid on chi -  
- Scratched Her -

ANIMAL DESCRIPTION

SPECIES: <input checked="" type="checkbox"/> Canine	BREED: Great X Dane	COLOR / MARKINGS: Black -	SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Altered: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> unk
			Approximate AGE: 1	<input checked="" type="checkbox"/> YR <input type="checkbox"/> MO
			Approximate WEIGHT: 55#	<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)
none	none	none	none	Scan: 6-28-25 Scan: 6-30-25 none

CUSTODY RECORD PREPARED BY: [REDACTED] DATE: (MM/DD/YY) 6/28/2025

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): 6-29-25

DATE: (MM/DD/YY) 7-23-25 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
		7-23-25				

Did you contact another shelter? Why did they decline to accept?