

Euthanasia Checklist

Euthanasia Date 7-8-25 ID # 41045 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted] # of tablets 55  
Oral (strength) [redacted] mg  
Inj. 10mg/ml 2.75 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted]  
6.6 ml Route: IV 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

AN Dog Name  
Draco

ANIMAL ID  
41045

CUSTODY DATE  
MM/DD/YY  
6-29-

REASON FOR CUSTODY (mark appropriate box)

Stray / At Large  Owner Surrender  Seized  Bite Case Quar:

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

OWNER'S NAME & ADDRESS (if known)

[Redacted]  
Draco

ANIMAL DESCRIPTION

SPECIES:  Feline  Canine  
BREED: Pit  
COLOR / MARKINGS: Brindle  
SEX:  Male  Female Altered: Y (N) Unk  
Approximate AGE: 2 YR  YR  MO  
Approximate WEIGHT: 55 LB  LB  
OTHER:

ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO)

License Tag (Number - Details): none  
Rabies Tag (Number - Details): none  
Tattoo (Describe): none  
Collar (Describe - Color, Type, etc.): none  
Microchip or Other Identification (Describe - Details): Scan: 42925, Scan: 7-1-25, not detected

CUSTODY RECORD PREPARED BY

Signature: [Redacted] DATE: (MM/DD/YY)

6-29-25

RIGHTFUL OWNER SURRENDER STATEMENT

I am the rightful owner of this animal. I surrender all property rights 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 7-8-25 HOLDING PERIOD EXPIRES ON (Date): 7-6-25

DATE: (MM/DD/YY) 7-8-25 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
		7-8-25				

Did you contact another shelter?

Why did they decline to accept?